

OFFICE OF THE DISTRICT ATTORNEY WORTHLESS CHECK UNIT COMPLAINT

(Use a separate form for each check)

READ CAREFUL! I certify that this case is not brought for the collection of a Civil debt (i.e., postdated check). I understand that once this case is accepted by the Worthless Check Division, I cannot accept any payments directly from any person on behalf of the defendant unless I withdraw this complaint and satisfy a service charge of \$30.00 to the Worthless Check Unit Division as required by law. I understand that I will have no further connection with this case except to testify in Court in the event the unit must proceed with criminal prosecution. Any person who wrongfully and corruptly swears or affirms to an Affidavit may be subject to criminal charges for the offense of perjury.

(PLEASE PRINT or TYPE)

DEFENDANT INFORMATION

Name: _____

Address: _____ CITY _____ STATE _____ ZIP _____

Social Security No. _____ Race: _____ Sex: _____ DOB: _____

Home Telephone Number _____ Work Phone Number _____

Place of Employment: _____

MERCHANT INFORMATION

Name of Person who accepted check: _____

Can this person make positive identification? Yes No

1. Have you accepted any partial payment on this check? Yes No

2. Was this a post-dated check? Yes No

3. Did you agree to Hold this check? Yes No

4. Was this check given to pay on account, loan, or any type of pre-existing debt? Yes No

If you answered YES to questions 1, 2, 3 or 4 this complaint cannot be handled by this office.

What thing of value was received?

Merchandise _____ Cash _____ Other _____

County where check was passed: _____ Jackson _____ George _____ Greene

CHECK INFORMATION

Insufficient Funds _____ Account Closed

Amount of Check \$ _____ Date of Check: _____

Name of the Bank the check was written on _____

Did you send a letter to the defendant? Yes No

Additional Information or Comments:

NAME OF PERSON WHO WILL SIGN THE AFFIDAVIT: _____

BUSINESS/MERCHANT NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: (_____) _____

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____