

The following form must be completely filled out for each Insufficient Funds Check and submitted to the County Attorney's Office. Each blank must be answered. If the answer is not known, write ""Unknown" or "None", etc. It is recommended that your business establish a policy for accepting checks. **You should obtain a current address, date of birth and driver's license number, by physically, not verbally, receiving identification from the check writer.**

**MERCHANT INFORMATION**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone: \_\_\_\_\_

**INFORMATION NEEDED FOR CRIMINAL PROSECUTION DETERMINATION**

4. Person who took check: \_\_\_\_\_

5. Their position: \_\_\_\_\_

6. Can the person who took the check identify the passer?

7. Did the check passer sign the check in this person's presence?

8. Was identification obtained from the check passer?

If yes, specify: \_\_\_\_\_

**If you answered "NO" to ALL of the questions 6, 7 and 8, DO NOT fill out the remainder of this form. The County Attorney's Office is legally unable to prosecute.**

9. Did anyone agree to hold the check?

10. Was the check postdated?

11. Was the check used to pay an open/revolving charge account?

12. Has your business received any payments regarding this check?

**If you answered "YES" to ANY of the questions 9, 10, 11 or 12 DO NOT fill out the remainder of this form. The County Attorney's Office is legally unable to prosecute. You may contact a private attorney for other civil remedies available to you.**

13. Merchandise Purchased: \_\_\_\_\_

14. Has your business had bad checks on this person before?

15. How many times has your business contacted the accused regarding this check? \_\_\_\_\_

16. Date(s) and Method of contact: \_\_\_\_\_

**CHECK WRITER INFORMATION:**

17. Name: \_\_\_\_\_

22. Employer: \_\_\_\_\_

18. D.O.B.: \_\_\_\_\_

23. Check Amount: \_\_\_\_\_

19. Driver's License #: \_\_\_\_\_

24. Date of Check: \_\_\_\_\_

20. Address: \_\_\_\_\_

25. Check#: \_\_\_\_\_

21. Telephone: \_\_\_\_\_

26. Bank Charge: \_\_\_\_\_

The undersigned states that (s)he has filled out this complaint, that the facts contained herein are true, and that (s)he is willing to testify in Court to the above facts under oath.

\_\_\_\_\_  
Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**DO NOT ACCEPT PAYMENT OF CHECK(S) AFTER THEY HAVE BEEN TURNED OVER TO THIS OFFICE FOR PROSECUTION. DIRECT ALL PAYMENTS TO THE COUNTY ATTORNEY'S OFFICE. PLEASE REMEMBER to bring in your respective bank slip(s) showing charge for ISF checks, and there is a \$10.00 protest fee per check required from the merchant. Upon successful prosecution, we will collect the protest fee and bank charges from the accused to reimburse you.**