



OFFICE OF THE PROSECUTING ATTORNEY

RONALD R. HOLLIDAY

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BAD CHECK COMPLAINT AND INFORMATION

This form is to be completed by the PERSON WHO ACTUALLY TOOK THE CHECK. Please legibly fill in (print or type – this is a ‘fillable’ form) all information. EVERY QUESTION MUST BE ANSWERED. Include a copy of the 10-day letter, the original check and the green certified mail card (if applicable).

- 1. Victim/Business who accepted the check: Name: Address: Phone: City/State/Zip:
2. Individual person who ACTUALLY accepted the check (example: employee name): Name: Address: Phone: City/State/Zip:
3. Date of purchase or service
4. Was check post-dated/agreement to cash it later?
5. WHAT merchandise/service was provided?
6. Has the check writer been notified that the check(s) was refused by the bank?
7. How was the check writer notified?
8. Full name of person who notified the check writer:
9. Do you personally know the check writer?
10. Could you visually identify the check writer?
11. Information about the check writer: YOU MUST HAVE EITHER A DATE OF BIRTH OF A SOCIAL SECURITY NUMBER FOR THE CHECK WRITER (Driver’s license # alone is not adequate): NAME: SSN: DATE OF BIRTH: PHONE NUMBER: DRIVERS LICENSE #: STATE: LICENSE EXP. DATE:
12. Signature of person who took the check (employee/owner) Date: Phone (work):

Additional information can be included on back of form or an additional page. Please separate checks and staple ONE CHECK PER FORM