



OFFICE OF THE PROSECUTING ATTORNEY
MICHELLE K DAVIDSON, PROSECUTING ATTORNEY
411 Jules, Buchanan County Courthouse, St. Joseph, Missouri 64501

— BAD CHECK COMPLAINT AND INFORMATION —

This form is to be completed by the PERSON WHO ACTUALLY TOOK THE CHECK.
Please print legibly or type all information. EVERY QUESTION MUST BE ANSWERED!
Include: Copy of 10-day letter, original check, and green certified mail card (if applicable).

1. The Victim / Business who accepted the check:
Name _____
Address _____ Phone _____
City, State, Zip Code _____
2. Person who ACTUALLY TOOK the check:
Name _____
Address _____ Phone _____
City, State, Zip Code _____
3. Date of purchase or service _____
4. Was check postdated or was there an agreement to cash it later? Yes No
5. WHAT merchandise or service was provided? _____
6. Has the person who passed the check been notified that the checks were refused by the bank? Yes No What date were they notified? _____
7. How was the check passer notified? Phone Mail Personally
8. Full name of the person who notified the check passer _____
9. Do you personally know the person who gave you the check? Yes No
10. Can you identify the person who gave you the check? Yes No Maybe
11. Information of the person who passed the check that **MUST BE OBTAINED**: *Required
*Name _____
Social Security Number _____
*Date of Birth _____
Phone Number _____
*Drivers License Number _____
*State of License _____
Expiration Date of License _____
Signature of person who actually took the check _____
Date _____ Phone number (work) _____ (home) _____

Additional information? Please include on back of this form. Please separate check and staple One Check Per Form.

CLEAR FORM

PRINT FORM