RETURNED CHECK INFORMATION SHEET

Check Maker: _____

Address: _____

Date of Birth: _____ SSN: _____

Driver's License #: _____

Reason returned by bank:
- ☐ Insufficient Funds
- ☐ Account Closed
- ☐ No Account

Date Notice of Returned Check was sent: _____

ATTACH THE RETURNED CHECK, AND ALSO BOTH THE NOTICE OF RETURNED CHECK AND PROOF OF MAILING OF THIS NOTICE!!

Check Amount: $ _____ Service Charge: $ _____

Date of Bad Check: _____

Bad Check Payable To: _____

Your (Merchant's) Bank: _____

Name, Home Address, and Telephone # of person who received the bad check:

_____

Was the bad check post-dated? _____

Was there any agreement/understanding with the check maker to hold the check to be cashed by you on a later date? _____

Was the bad check taken to secure a loan or debt? _____

Was any payment received on the bad check? _____

If so, dates and amounts: _____

The above information is true to the best of my knowledge. I understand and agree that it is the Prosecutor's Office, and not I, who will decide if criminal charges are filed. If charges are filed, the Prosecutor's Office will NOT dismiss the charges at my request. **I further understand and agree to cooperate with the Prosecutor's Office in pursuing criminal charges against the check maker, testifying in Court trials, and will report all information I receive to assist prosecution whether the check is ultimately made good (by payment) or not.**

Dated this _____ day of _____ , _____ .

Signed: _____

Address: _____

_____

_____

Telephone/Email: _____