

RETURNED CHECK INFORMATION

TO BE CONSIDERED FOR PROSECUTION ALL NSF/CLOSED ACCOUNT CHECKS MUST BE FORWARDED TO THE APPROPRIATE LAW ENFORCEMENT AGENCY WITHIN 60 DAYS. THERE WILL BE NO PROSECUTION IF THE CHECK HAS NOT BEEN RECEIVED WITHIN 60 DAYS.

VICTIM:

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

PERSON WHO IDENTIFIED THE CHECK WRITER: (PRINT) _____

OFFENDER:

NAME: _____

ADDRESS: _____

METHOD OF IDENTIFICATION:

_____ KNEW THEM PERSONALLY _____ COMPARED PHOTO ID WITH CHECK WRITER

TYPE OF ID SHOWN: _____ STATE: _____

SSN OR DRIVER'S LICENSE NUMBER: _____

CHECK INFORMATION:

DATE WRITTEN: _____ CHECK NUMBER: _____ AMOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____ DATE RETURNED: _____

REASON: _____ RETURNED CHECK FEE: _____ CERTIFIED MAIL FEE: _____

CHECK USED FOR: _____ CASH, _____ MERCHANDISE, _____ LABOR, _____ RENT, _____ OTHER (Explain)

TEN-DAY NOTICE: (Ten day notice must be sent certified mail, restricted delivery to the check writer only.)

DATE SENT: _____ DATE RECEIVED OR RETURNED UNCLAIMED: _____

CONDITIONS:

Complete one form for each check. Please attach the returned check, ten-day notice and certified mail information to this form. If the form is not filled out completely charges may not be filed. **The person who identified the check writer must sign this form and agree to the terms below in the presence of a Notary.**

I hereby certify under oath and subject to the penalties of perjury that I can positively identify the person who uttered the check in question.

Signature

Subscribed and sworn to, before me, this _____ day of _____, 20____.

Notary Public