

REPORT OF BAD CHECK

Please fill out one of these forms for each individual who has given you one or more bad checks. The following four items must be sent to the Prosecutor's Office before criminal charges can be filed:

1. this completed form,
2. a copy of the notice you have already sent to the person,
3. the original returned certified mail receipt (with envelope if returned "unclaimed"), and
4. each original returned check.

Check(s) payable to: _____	
your address: _____	

Check was received in Marshall County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice has been sent to check writer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check maker: _____
Address: _____

Date of birth: _____
Social Security: _____
Driver's license: _____
Bank: _____

Check returned because:	<input type="checkbox"/> NSF	<input type="checkbox"/> Account closed	<input type="checkbox"/> No account
Was check post-dated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you agree to hold the check for a period of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the check taken to secure a loan or as a payment on a pre-existing account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have any partial payments been made on the check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

check number(s)	#	#	#	#
check amount	\$	\$	\$	\$
service fee	\$	\$	\$	\$
amount owed	\$	\$	\$	\$

- (less any partial payments) \$ _____

TOTAL OWED

\$

This form should be signed by the person who will be responsible for signing the criminal charges, in the event the check is not paid and criminal charges are filed.

date ___ / ___ / ___ signed _____ printed name _____