BAD CHECK COMPLAINT

P.O. BOX 100 HILLSBORO, MO. 63050 (636) 797-5063

THIS FORM MUST BE COMPLETELY FILLED OUT!!!

1. VICTIM:				
Name:		Phone #:		
Address:	City:			Zip Code:
Who actually accepted the check?			Position:	
Address:	City:		I	Zip Code:
Was the check filled out in the presence of	the person who ac	ccepted	d the check?	? If not, please explain.
Can he or she identify offender?	n he or she identify offender?		Home phone #:	
Who else, if anyone, saw check passed and	d can identify?	ı		
Address:	City:	City:		Zip Code:
2. OFFENDER (Check writer/Passer. I	OO NOT USE A C	COMP	'ANY'S NA	<u>ME):</u>
Name:			Phone #:	
Address:	City:			Zip Code:
3. IDENTIFICATION SHOWN:				
Driver's License Number:	Date of Birt		e of Birth:	
Social Security Number:			Picture Taken? Yes No	
4. Did you identify the check writer by u	se of a Photo I.D.	i.e., I	Driver's Lic	eense, MO I.D., etc.?
*** ATTACH CHECK HERE				
5. CHECK INFORMATION:				
Date Check Accepted:	Date on Check:			
Check Payable to:			Amount of Check(s):	
Reason first refused by bank:			Bank Service Charge:	
Were you asked to hold check at the time you accepted it?			Was the check postdated?	
If you agreed to hold the check, or the c	heck was postdate	ed, we	cannot pro	osecute the offense as a
crime. It is a civil action only. Has any amount been received in partial p	avment of check?			
What have you done to collect the check?				
Was check passed in Jefferson County?				
	Did offender pass effect personally:			
Where was the check actually received? (Delivery address, etc.)				
What was purchased with this check?				
Have you received our BAD CHECK INF	ORMATION PAC	CKET?)	
I AGREE TO COOPERATE IN	THE PROSECUTI	ON O	F THIS CR	IMINAL CASE, MAKE ALI
COURT APPEARANCES AS REQUIRE				
THE OFFENDER UNLESS THERE IS P. I, KNOWING THAT FALSE ST				
HEREBY AFFIRM THAT THE ABOVE				
KNOWLEDGE, INFORMATION AND E				
COMPLAINANT/VICTIM		-		
	nal Signature)		, 20	(Print)
SIGNED THIS DAY OF			, 20	·