

## BAD CHECK PROSECUTION REQUEST FORM

NAME AND CONTACT INFORMATION OF THE PERSON OR BUSINESS REQUESTING PROSECUTION:

Business Name & Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Person Who Accepted the Check: \_\_\_\_\_

Can this person be contact through the entity requesting prosecution: \_\_\_ Yes \_\_\_ No

If No, please provide contact information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Can the person who accepted the check positively identify its maker?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Did anyone agree to hold the check for any period of time?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Was this a two-party check?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Was this a post-dated check?

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Was this a counter check?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. Has the notice of the dishonored check been sent to its maker by certified, return-receipt mail?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. If Yes, what date was the notice sent: \_\_\_\_\_

2. Was the Notice Return Unclaimed? \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If Yes, the date the notice was returned unclaimed: \_\_\_\_\_

7. The Name, Last known Address and Telephone number of check maker:

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8. Date of Check(s): \_\_\_\_\_

9. Amount of Checks: \_\_\_\_\_

10. Check Numbers: \_\_\_\_\_

11. Type of Identification (ID) presented by maker: \_\_\_\_\_

12. ID Number taken by maker: \_\_\_\_\_

(date of birth, social security number, driver's license)

13. If the check has been assigned, name and address of the holder:

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14. Has law enforcement been contacted regarding this matter? \_\_\_\_ Yes \_\_\_\_ No

15. Is there additional important information?