

WORTHLESS CHECK REPORT
DISTRICT ATTORNEY'S OFFICE - 2ND JUDICIAL DISTRICT

I. Merchant or individual's name to whom check was written:

- A. Name _____
- B. Address _____
- C. Phone number (____) _____ - _____
- D. Person/Cashier accepting check _____
- E. Can person who accepted the check identify passer: yes ___ no ___

II. Information from check (attach original check with request):

- A. Amount of check \$ _____
- B. Date shown on check ____ / ____ / ____
- C. Date the check was passed ____ / ____ / ____
- D. Bank name and address from check:

- E. Reason the check was returned:
1. NSF _____ 2. Account closed _____
3. No account _____ 4. Other _____
- F. Check issued for _____

III. Information about person who passed check:

- A. Name _____
- B. Address shown on check

- C. Phone number (____) _____ - _____
- D. Physical address (if different)

- E. Drivers license/ I.D. number State _____ Number _____
- F. Social security number _____ - _____ - _____
- G. Other information (if available)
Date of birth ____ / ____ / ____ Sex _____ Race _____
Height _____ Weight _____ Eyes _____ Hair _____

IV. Did you send a certified letter?

- A. ___ YES (if so, please attach a copy of the letter and the return receipt)
- B. ___ NO

I, _____, as representative for _____ do hereby request that the District Attorney's Office initiate action to collect the above described check and further states that _____ will prosecute the person who passed said check if in the sole discretion of the District Attorney's Office such criminal proceedings become necessary.

Complainant (Merchant or Individual)

Received: _____
District Attorney's Office