

Phelps County Prosecuting Attorney Office

Bad Check Complaint Form

200 North Main, G-69

Rolla, MO 65401

(573) 458-6170

Fax: (573) 458-6179

THIS FORM MUST BE COMPLETELY FILLED OUT:

1. VICTIM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who accepted check? \_\_\_\_\_ Position: \_\_\_\_\_

2. OFFENDER NAME: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_
SSN# \_\_\_\_\_

Identification used (Driver's license, Military ID, etc.): \_\_\_\_\_

Date each check(s) was accepted: \_\_\_\_\_ Amount of each check(s): \_\_\_\_\_

Who was the check written to? \_\_\_\_\_

What reason did the bank give for returning the check? \_\_\_\_\_

Was this check passed in Phelps County? \_\_\_\_\_

Were you asked by offender to hold this check before depositing it? \_\_\_\_\_

Have you received ANY partial payment from the offender? \_\_\_\_\_

Was this check post-dated? \_\_\_\_\_

Did the offender pass this check personally? \_\_\_\_\_

What action was taken by you to collect this check? \_\_\_\_\_

By signing this complaint, I agree to prosecute this offender, make all court appearances as required and NOT ACCEPT payment for this check after being left with this office without prior approval from this office. I understand that failure to comply with all these conditions will result in my being personally liable for any court costs or other costs that may accrue.

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.

The above certifies, after being duly sworn upon his/her oath, the above facts contained herein are true and accurate, by the undersigned on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_\_.

Complainant name (PRINTED) \_\_\_\_\_ Complainant signature: \_\_\_\_\_