

CHECK FRAUD WORTHLESS CHECK INFORMATION
Please Print or Type—FILL IN COMPLETELY

Signer of Check: Mrs., Mr., Miss _____

Signer's Driver's License # _____ D.O.B. _____ Phone: _____

Signer's Address: _____ City: _____ St. _____ Zip: _____

Description of Signer: Sex _____ Race _____ Age _____ Height _____ Weight _____ Hair _____ Eyes _____

Your Business Name: _____ Phone: _____

Street Address: _____ City: _____ Zip: _____

SPECIFIC REASON CHECK WAS GIVEN FOR: _____

Person who took from maker (Please Print) _____

Street Address: _____ City: _____ Zip: _____

Was this a postdated or hold check? Yes () No ()

Brief narrative of any special circumstances:

LIST FOUR CHECKS ONLY:

DO NOT LIST FEES:

DATE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I understand that this check is being presented to the District Attorney's Office for prosecution, and I will do whatever is necessary for further prosecution of this check. I will NOT accept any payment thereon from any private individual or person including the Accused, without the prior consent of said office. I do certify that the above information is true and correct.

Affiant Signature: _____ Date: _____

Printed Name: _____ Date: _____