

FRANKLIN COUNTY STATE'S ATTORNEY
BAD CHECK COMPLAINT FORM

CHECK WRITERS NAME: _____
ADDRESS _____

CHECK WRITERS DRIVER'S LICENSE NUMBER _____

*****NOTICE **** A warrant will not be issued without a driver's license number.

Complaining Party Name _____ Phone _____
Address _____

Corporation Proprietorship Partnership

Who accepted check _____

Check Number _____ Date of Check _____ Amount of Check _____

Name of bank the check was written on _____

Reason the bank refused check: Insufficient Funds Account Closed

****Stop Payment Checks Will Not Be Accepted****

What was obtained with the check _____

AFFIDAVIT

On _____ a check # _____ written to _____ signed as by _____
(Date) (Name of Business) (Check Writer)

drawn on _____ was given to our by employee _____ in
(Bank check drawn on) (Name of employee accepting check)

exchange for cash and merchandise by _____ The check was processed _____
(Check Writer) (# of times)

_____ and on or about _____. The bank refused to pay the check because of Insufficient funds
(Date) (Date)

Account closed. The original check in questions is attached hereto.

Our business by _____ attempted to contact _____
(Employee contacting check writer) (Check writer)

by _____ on or about _____
(Telephone, letter, etc) (Date of contact)

We received the following response: _____

Signature, Title and Date

Signed and Sworn to before me this _____ day of _____

(Seal)

Notary Public

INTERNAL USE ONLY:

Paid Date: _____ Money Order # & Company _____

Case Filed Date _____ Case Number: _____

Notes: