

WORTHLESS CHECK QUESTIONNAIRE FORM

PERSON WHO WROTE THE WORTHLESS CHECK/S:

Name & Address: _____
Driver's License #/Date of Birth: _____
Physical Description: Eyes _____ Hair _____ Hgt. _____ Wgt. _____ Other: _____
Did check writer appear drunk or incapacitated: Yes No
Did you/someone else contact the check writer: _____
Did he/she admitted/deny writing the check/s? Yes No - What was said, to whom and when?

CHECK INFORMATION:

Check/s #: _____ Date/s: _____ Amount/s: \$: _____
Reason Check was Returned: NSF _____ Account Closed _____ Other _____
Bank/Credit Union: _____ Where written: City/Town/Village of _____
What was received for this check (cash, gas, groceries, merchandise, etc.) _____
Was check for previous purchases (open account, past debts, loans) Yes No
Was check post-dated? Yes No
Was check held for any amount of time before cashing it? Yes No
Has a partial payment been made? Yes No - If so, amount \$ _____

COMPLAINANT:

Business: _____ Address: _____
Business Phone #: _____ Owner/Manager: _____
Home/Cell #: _____ e-mail address: _____

PERSON ACCEPTING CHECK:

Name: _____ Address: _____
Can you identify the person that cashed the check? Yes No
Did you place your initials on the check? Yes No
Did you know the check-writer? Yes No
Was anyone else with you when this person wrote the check? If so, whom (name, address, phone #):

CHECK ONE:

- I know that as a victim of a crime I have numerous rights, but I am waiving those rights and requesting that no notices be sent to me. Just collect the restitution.
- I want to be notified of all my rights and get notice of all hearings and proceedings, etc. in addition to collecting restitution.

It is understood and agreed that the check hereto attached is being presented for forfeiture/criminal action to the District Attorney and not for civil collection. Accordingly the undersigned, its agent/employee will cooperate in prosecution of the crime and will notify the District Attorney's Office of any payment received. The above facts are hereby certified as being true by the undersigned:

BY: _____ Date: _____
Owner/Manager/Office Clerk