

WASHINGTON COUNTY PROSECUTING ATTORNEY

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BAD CHECK REFERRAL FORM

1. BUSINESS OR PERSON DEFRAUDED

2. PERSON WHO PASSED CHECK-

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE & ZIP _____

CITY, STATE & ZIP _____

PHONE (____) _____ FAX (____) _____

PHONE (____) _____ FAX (____) _____

3. PERSON ACCEPTING CHECK-

NAME _____

Business is required to maintain contact with/current address of witness

4. Can witness identify check writer? Yes No

5. Was driver's license shown? Yes No

6. Did ID match check writer? Yes No

7. License or I.D.# _____ State of Issuance _____ Birth Date _____

8. Check # _____ Date Check Passed _____ Amount of Check _____

9. What did check writer purchase with check? _____

10. Was check post-dated? Yes No

Was partial payment accepted? Yes No

Was there agreement to hold check? Yes No

Was the check a two-party check? Yes No

Did the check require 2 signatures? Yes No

Was the check presented in Washington County? Yes No

Was the check passed in person by the signer? Yes No

Is this a payroll check? Yes No

Did you save video surveillance of the transaction? Yes No

11. Prosecution of checks under \$500.00, which are returned for insufficient funds, must commence within one year of the date they are passed. Prosecution of checks over \$500.00, or any checks returned because of non-existent or closed account, must commence within three years. Checks should be submitted as soon as possible to allow time to review and prepare charges.

12. I understand the purpose of this complaint is to initiate criminal prosecution. My sole purpose is to prosecute the check writer and agree to cooperate with this prosecution until completed.

Signature of person completing form _____ Date _____

PLACE ORIGINAL CHECK HERE

STAPLE CHECK AT LEFT MARGIN ON FORM