

A REQUEST FOR PROSECUTION OF BAD CHECKS

WE WILL NOT ACCEPT THE FOLLOWING:

***STOP PAYMENT CHECKS**

***CHECKS FOR PAYMENT ON AN ACCOUNT**

***HELD CHECKS**

***POSTDATED CHECKS**

GOODS OR MERCHANDISE MUST BE EXCHANGED IN LINCOLN COUNTY ON THE DAY THE CHECK WAS WRITTEN.

Name of Business or Person who took check _____

Address _____ Business Phone Number _____

Name of Check Writer _____

Present Address _____ Phone Number _____

Employer _____ Type and Number of Identification Used _____

Date Received Check _____ Amount of Check _____

Was Cash Received in this Check? _____ If so, how much? _____

Was Merchandise Received on the Day the Check was written? _____

What Type of Merchandise was Received from this Check? _____

Was Check Written for Payment on an Account? _____ Was the Check Post Dated or Held? _____

Full Name of Person Who Took Check _____, _____
(Print) (Sign)

Position _____ Phone Number _____ Address _____

Was Check Written in the Presence of this Person? _____

Can they identify the Check Writer? _____ Was the Check Written in Lincoln County? _____

*****THE UNDERSIGNED STATES THAT THEY HAVE FILLED OUT THIS COMPLAINT, THAT THE FACTS CONTAINED HEREIN ARE TRUE, AND IS WILLING TO TESTIFY IN COURT TO THE ABOVE FACTS UNDER OATH.**

Date _____ Name _____, _____
(Print) (Sign)

****DO NOT ACCEPT PAYMENTS OF CHECKS AFTER THEY HAVE BEEN TURNED OVER TO THIS OFFICE. PLEASE DIRECT ALL PAYMENTS TO THE LINCOLN COUNTY ATTORNEY'S OFFICE.**