

Request for Criminal Prosecution of Checks

Merchant's Name _____
Merchant's Address _____ Merchant's Phone # _____
Amount of Bank Service Fees (Provide Copy) _____
Name of Check Writer _____ DOB: _____ Employer _____
Present Address _____ Phone # _____
Date of Check _____ Amount of Check _____
Person who Took Check _____ Position _____
Dates Contacted _____
Can You Identify Check Writer ___ Yes ___ No Was Check Used to Pay Charged Account ___ Yes ___ No
Did You Agree to Hold Check or was it Post Dated ___ Yes ___ No
Have You Had Bad Checks on This Person Before ___ Yes ___ No
Merchandise Purchased or Service Provided _____
What Information Was Taken From Check Writer? _____
Have Any Payments Been Made to You on This Check ___ Yes ___ No Amount _____
The Undersigned states that he/she has filled out this Complaint, that the facts contained herein are true, and that he/she is willing to testify in Court to the above facts under oath.

Witness: _____ Merchant _____
Date _____

Do Not Accept Payment of Check(s) After They Have Been Turned Over To This Office For Prosecution
Direct All Payments To The Cheyenne County Attorney's Office

REVISED 7/22/13
