WORTHLESS CHECK REPORT

A. VICTIM/COMPLAINANT

NAME (FIRM NAME IF BUSINESS)				
ADDRESS				
PHONE# CONTACT PERSON				
B. PERSON ACCEPTING CHECK				
RESIDENCE ADDRESS				
PHONE#: RESIDENCE				
CAN PERSON ACCEPTING CHECK IDENTIFY PASSER? YES NO				
WAS CHECK PREPARED IN PRESENCE OF PERSON ACCEPTING CHECK?				
YES NO				
<u>C.</u> <u>CHECK</u>				
C. CHECK AMOUNT DATE CHECK PASSED				
REASON RETURNED: NSF ACCT CLOSED NO ACCT OTHER				
D. PERSON PASSING CHECK				
<u>D. FLNJON FAJJING CHLON</u>				

NAME		PHONE	_
DRIVER'S LICENSE#	SSN	DATE OF BIRTH	-
EMPLOYER		PHONE	
OTHER INFORMATION			

E. CERTIFIED LETTER

DATE 10-DA Y NOTICE SENT

(ATTACH RETURN RECEIPT OR UNCLAIMED LETTER AND A COPY OF THE NOTICE)

F. PROSECUTION

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___AS A RESPRESENTATIVE FOR _

HEREBY REQUEST THAT THE DISTRICT ATTORNEY'S OFFICE INITIATE ACTION TO COLLECT THE ABOVE DESCRIBED CHECK AND FURTHER STATE THAT I/WE WILL PROSECUTE THE PERSON WHO PASSED SAID CHECK IF, IN THE SOLE DISCRETION OF THE DISTRICT ATTORNEY, SUCH CRIMINAL PROCEEDINGS BECOME NECESSARY. I UNDERSTAND THAT ONCE A CHECK HAS BEEN FILED WITH THE DISTRICT ATTORNEY, PAYMENT CANNOT BE ACCEPTED, BY ME OR MY COMPANY, FROM THE CHECKWRITER.

DATE:	COMPLAINANT	
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