

BAD CHECK REFERRAL FORM

PLEASE TYPE OR PRINT CLEARLY

COMPLAINANT INFORMATION:

Name of business or person defrauded: _____

Business address: _____

City _____, State _____, Zip _____, Phone number _____

Business owners name: _____

*******Do not fill in any lines below this point before making copies. Do not pre-answer form*******

Name of person who **ACTUALLY ACCEPTED** the check: _____

Home address of person who accepted the check: _____

City: _____, State _____, Zip _____, Phone number _____

*Did he/she see check writer's ID and verify the information:	Yes _____	No _____
Was a thumbprint put on the check?	Yes _____	No _____
Can he/she recognize the check writer and ID them in court:	Yes _____	No _____
Was the check received by mail?	Yes _____	No _____
Was the check postdated?	Yes _____	No _____
Was partial payment accepted?	Yes _____	No _____
Was the check passed in Lincoln County?	Yes _____	No _____
Was there any agreement between any parties involved to hold this check	Yes _____	No _____

CHECK WRITER INFORMATION:

**Name: _____ Address: _____

City: _____ State: _____, Zip _____

Telephone: _____ Date of Birth: _____ M/F _____

Driver's License # or Social Security # _____, State of Issue _____

Check number _____ Amount of check _____ Date of check _____ Merchant fee _____

Additional information regarding the location of the check writer: _____

By submitting this form to the Prosecuting Attorney, my business and I are willing to cooperate fully in the prosecution of the above individual, and affirm the above facts. Once form and check are submitted to the Prosecutor I will not accept payment from the individual who wrote the check, the check writer will be told to contact the Prosecutors Office for payment.

Signature of owner/manager-**Required**

Signature of person who accepted the check
DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND AGREE WITH ALL STATEMENTS HEREIN

Please Print Name

Date

**Note: Do not check "yes" unless you have compared photo ID to the check writer, and wrote SSN/DOB on the check*
***Note: If the check is a company check, we must be provided with the name of the person who actually signed the check*

Please return referral form and original check to:

Lincoln County Prosecutor
PO Box 319
Troy, MO 63379
636-528-8571