

# STOP PAYMENT 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 \_\_\_\_\_

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 the check passed in Lincoln County? Yes \_\_\_\_\_ No \_\_\_\_\_

Was partial payment accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

Was there any agreement between any parties involved to hold this check Yes \_\_\_\_\_ No \_\_\_\_\_

For what goods or services was check written \_\_\_\_\_

Were you ever notified that the check writer thought services were performed improperly or that goods were defective? \_\_\_\_\_

## CHECK WRITER INFORMATION:

\*\*Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Check number \_\_\_\_\_ Amount of check \_\_\_\_\_ Date received \_\_\_\_\_

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.**

\_\_\_\_\_  
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