

OFFICE OF THE CASS COUNTY PROSECUTING ATTORNEY
BAD CHECK COMPLAINT FORM

Please fill out the form below as completely as possible, and attach the original check with this form. If you are sending checks on multiple individuals, please fill out a separate form for each individual. **Once you have submitted this form, you must not accept payment from the checkwriter.** All payments for the check must be made through the Prosecutor's Office.

YOUR INFORMATION:

Name of your business: _____

Address: _____

Name of contact person: _____ Telephone #: _____

Name of person who physically accepted the check: _____

Did he/she see the check writer's ID and verify the information? Yes _____ No _____

Did he/she initial the check? Yes _____ No _____

INFORMATION REGARDING BAD CHECK:

To whom was the check written? _____

Date check was written: _____ Check #: _____ Amount of check: \$ _____

Name of suspect's bank: _____

Reason check was returned (circle one): insufficient funds / account closed / stop payment

Was the check passed in Cass County? Yes _____ No _____

Was this a post-dated check (date written on check was in the future)? Yes _____ No _____

Has any portion of the check been paid? Yes _____ No _____

Was there an agreement among the parties to hold the check for deposit on a later date?
Yes _____ No _____

Was this check received by mail? Yes _____ No _____

STATEMENT OF PROBABLE CAUSE:

I, _____, swear or affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief: That I have probable cause to believe that _____ (name of check writer), SSN: _____, DOB: _____, DL# _____, who resides at _____, committed one or more criminal offenses. The facts supporting this belief are as follows: That on the _____ day of _____, 20____, in the County of Cass, State of Missouri, the defendant gave me check number _____ drawn upon _____ (name of check writer's bank), in the amount of \$ _____ in return for goods or services. After this check was deposited in my or my employer's account, it was returned unpaid due to _____ (reason check was dishonored).

PRINT NAME

SIGNATURE

DATE

FALSE STATEMENTS MADE IN THIS FORM ARE PUNISHABLE BY LAW.