GREENE COUNTY PROSECUTING ATTORNEY

BAD CHECK DIVISION

1010 BOONVILLE, SPRINGFIELD, MISSOURI 65802
(417) 868-4034

1.BUSINESS OR PERSON DEFRAUDED-

NAME_____

ADDRESS_____

CITY, STATE & ZIP_____

PHONE _____

2. PERSON WHO SIGNED CHECK-

NAME _____

ADDRESS_____

CITY, STATE & ZIP_____

3. PERSON ACCEPTING CHECK- FULL NAME _____

Business is required to maintain contact with/current address of witness

4. Can witness identify check writer? ☐Yes ☐No

5. Was driver's license shown? ☐Yes ☐No

6. Did ID match check writer? ☐Yes ☐No

7. License or I.D.# _____State of Issuance_____ Birth Date_____

8. Check #_____Date Check Passed _____Amount of Check_____

9. What did check writer purchase with check? __ Merchandise_____ Services_____

10. Was check post-dated? ☐Yes ☐No
Was partial payment for this check accepted? ☐Yes ☐No
Was there agreement to hold check? ☐Yes ☐No
Was the check a two-party check? ☐Yes ☐No
Did the check require 2 signatures? ☐Yes ☐No
Was the check passed hand to hand in Greene County? ☐Yes ☐No
Was the check passed in person by the signer? ☐Yes ☐No
Is this a payroll check? ☐Yes ☐No
Was this a payment on a contract or account? ☐Yes ☐No
Was this check to pay rent? ☐Yes ☐No

11. Prosecution of checks under $500.00 must commence within one year of being passed. We must have check within 9 months of the date it was written or we cannot accept them.
12. I understand that I cannot pursue both a civil action and file a claim with the Bad Check Division.
13. I understand the purpose of this complaint is to initiate criminal prosecution. My sole purpose is to prosecute the check writer and agree to cooperate with this prosecution until completed. Omission of any of the above information may prohibit prosecution.

Signature of person completing form _____Date _____

PLACE ORIGINAL CHECK HERE

(STAPLE CHECK AT RIGHT MARGIN OR FORM)

Attach Probable Cause Statement to back for all checks (and in addition, a 10 day letter and stop payment form for stop payment check complaints only) to back