

DANIEL L. WHITE - Clay County Prosecuting Attorney
BAD CHECK DIVISION
11 South Water Liberty, MO 64068 - (816) 736-8310

BAD CHECK INFORMATION FORM

VICTIM:

Name of business or person defrauded: _____

Address: _____ City: _____

State: _____ Zip: _____ Business Phone: _____

If restitution is to be sent to a different address: _____

Name of person who actually accepted check: _____

Location of where the check was accepted: _____

Can THIS person identify the check writer? Yes or no

Was check received in Person? _____ Or in the mail? _____

Was there any agreement to hold this check? _____ Was check post-dated? _____

Was this check passed in Clay County? _____ Was a partial payment accepted? _____

CHECKWRITER:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Race: _____ Sex: _____ Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____

Driver's Lic.# _____ Driver's Lic State _____

Social Security# _____ Place of Employment: _____

I, knowing that false statements on this form are punishable by law, hereby affirm that the above Information is true and accurate to the best of my knowledge, information and belief.

The undersigned states that he/she has actual knowledge of the facts and matter stated above and understands that he/she relinquishes any and all rights of acceptance of restitution unless directed by the Prosecuting Attorney's Bad Check Division.

DATE: _____ SIGNED: _____