

ST. FRANCOIS COUNTY PROSECUTING ATTORNEY

BAD CHECK FORM AND PROBABLE CAUSE STATEMENT



BUSINESS/VICTIM INFORMATION

Name: _____ Phone #: _____
Address: _____ City, State, ZIP: _____
Email: _____ Owner/Manager: _____

WITNESS INFORMATION

Who accepted the check? _____ Position: _____
Address: _____ Phone #: _____

Was check written in presence of witness? Yes No

If not, why? _____

Name any additional witnesses: _____

OFFENDER INFORMATION

Name: _____ Phone #: _____
Address: _____ City, State, ZIP: _____
Date of Birth: _____ Social Security #: _____
Driver's License #: _____ State of Issuance: _____

Can witness identify check writer? Yes No

Was driver's license shown? Yes No

Did ID match check writer? Yes No

Is there surveillance video of offender passing check? Yes No

CHECK INFORMATION

Check #: _____ Date Check Passed: _____ Amount of Check: _____

Payable to? _____ Bank Service Fee? _____

Why was check returned? Insufficient Funds No Account Account Closed Other: _____

What did check writer purchase? Merchandise Services

Was letter demanding payment sent to check writer? Yes No

Was the check passed hand-to-hand in St. Francois County? Yes No

Was the check passed in person by the signer? Yes No

Is this a payroll check? Yes No

OFFENSE DETAILS

1. Was partial payment for this check accepted? Yes No
2. Was check post-dated? Yes No
3. Was there agreement to hold check? Yes No
4. Was this a payment on a contract or account? Yes No
5. Was this check to pay rent? Yes No
6. Has any civil action against the offender been initiated? Yes No

If any of the questions in this section have been answered “Yes”, we cannot prosecute the offense as a crime. Only civil action may be taken in these cases.

PROSECUTION REQUIREMENTS AND DISCLAIMER

- 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.
- I understand that I cannot pursue both a civil action and file a claim with the Bad Check Division.
- I understand the purpose of this complaint is to initiate criminal prosecution. Omission of any of the above information may prohibit prosecution.
- Incomplete information, including no date of birth, social security number, or driver's license number of the defendant, will result in rejection of this request to prosecute.
- Bad check totals less than \$25.00 will not be prosecuted.

I agree to cooperate in the prosecution of this criminal case, make all court appearances as required, and NOT ACCEPT PAYMENT for this check from the offender unless there is prior approval from the St. Francois County Prosecuting Attorney's Office.

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.

SIGNATURE: _____

Complainant/Victim

PRINTED NAME: _____

DATE: _____

STAPLE ORIGINAL CHECK HERE

1. Fill out this form for each check.
2. The check must be stamped by a bank.
3. Return completed form to:
Bad Check Clerk
St. Francois County Prosecuting Attorney
1 North Washington Street, Suite 101
Farmington, MO 63640