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**Theft by Check
Request for Criminal Prosecution**

I understand that if charges are filed, a warrant will be issued for the accused who may be placed in jail. I will not accept any payments once checks have been turned over to the County Attorney's Office. I understand that all checks become a part of the official records of the County Attorney's Office and will not be returned to either the payee or the check writer.

CHECK WRITER INFORMATION:

Name: _____ ID/DL #: _____ Active Military: Y/N _____

DOB: _____ SS#: _____

Vehicle License #, Credit Card # or other ID _____

Other Leads to current location (work address, etc.) _____

MERCHANT INFORMATION: (FOR OFFICE USE ONLY)

Name/Business _____ E-mail _____

Address: _____ Zip Code: _____

Office contact: _____ Phone: _____

ID/DL #: _____ DOB: _____

Type of Service/Merchandise rendered: _____ Merchant Fee (Not to exceed \$30) _____

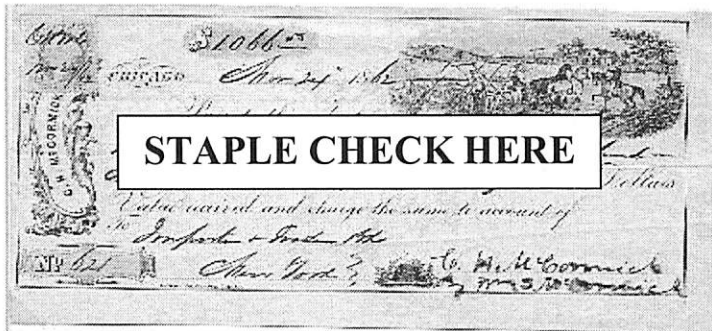
SALES CLERK INFORMATION: (Person who took check from check writer)

Name: _____ Phone: _____

Address: _____

THE CHECK:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is it postdated? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is payment towards the balance on a pre-existing account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the check a payment on a loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | If stamped insufficient funds, was it presented to the bank for payment within 30 days after receipt? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was it believed to have been good when accepted? |



I, _____ hereby state that the above stated is true and correct to the best of my knowledge.

Office Use Only: _____ Entered by _____ Case # _____
Date _____