

**BAD CHECK INFORMATION AND COMPLAINT FORM**

When a bad check complaint is made, the Prosecuting Attorney's Office determines whether criminal charges can be filed. If charges are filed, an arrest warrant is issued, and when arrested, the check writer is brought to Court. If he/she pleads guilty, the Court pronounces sentence and the complainant need not appear. If the defendant pleads not guilty, a hearing date is set and the witnesses are subpoenaed to testify. IT IS ESSENTIAL THAT THE PERSON WHO ACCEPTED THE CHECK FROM THE DEFENDANT BE ABLE TO IDENTIFY HIM/HER IN COURT.

COMPLAINANT:

Name of business or person defrauded \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of person who actually accepted check \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Can he/she positively identify check writer? Yes \_\_\_\_\_ No \_\_\_\_\_

Who else saw check being passed? \_\_\_\_\_

Was check post-dated? \_\_\_\_\_ Was a partial payment accepted? \_\_\_\_\_

Was check passed in Barton County? \_\_\_\_\_ Was check received by mail? \_\_\_\_\_

Was there any agreement between the parties to hold this check? \_\_\_\_\_

If check writer's account was closed, who closed account: Bank \_\_\_\_\_ Offender \_\_\_\_\_

Date account closed \_\_\_\_\_ If bank closed account, date notice sent \_\_\_\_\_

CHECK WRITER/DEFENDANT:

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Drivers License Number and State \_\_\_\_\_

Amount of check(s) \_\_\_\_\_

Additional Information regarding location of check writer \_\_\_\_\_

\_\_\_\_\_

*The facts stated above are hereby certified as being true by the undersigned.*

Date \_\_\_\_\_

By \_\_\_\_\_

Signature of Complainant

*Attach check(s) and return this form promptly to:*  
Barton County Prosecuting Attorney, Bad Check Unit, 114 W 10th St, Lamar, MO 64759-1449