

FILL OUT COMPLETELY--ITEMS UNANSWERED WILL BE PRESUMED UNKNOWN AND WILL RESULT IN DELAYS OF INABILITY TO PROSECUTE) TYPE OR PRINT

**DISTRICT ATTORNEY'S OFFICE - WORTHLESS CHECK INFORMATION**

Maker of Check: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Leads as to Maker's Location: \_\_\_\_\_

Check given for: **CASH, MERCHANDISE, GROCERIES, OTHER:** \_\_\_\_\_

Reason Bank Returned Check: **NSF, ACCOUNT CLOSED, OTHER:** \_\_\_\_\_

Name of person who received check: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Money collected should be sent to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHECK EITHER YES OR NO FOR THE FOLLOWING QUESTIONS:**

- |   |     |    |
|---|-----|----|
| 1. Can recipient identify maker of the check?                                   | YES | NO |
| 2. Was the check thought to be good when accepted?                              | YES | NO |
| 3. Was the person who presented the check also the person who signed the check? | YES | NO |
| 4. Was the check deposited or presented for payment within 30 days of receipt?  | YES | NO |
| 5. Was the check received in Ellis County?                                      | YES | NO |
| 6. Was the check post dated or a hold check?                                    | YES | NO |
| 7. Has full or partial payment been made?                                       | YES | NO |
| 8. Has all or part of the property been returned?                               | YES | NO |
| 9. Was the check received in the mail?  | YES | NO |

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10. If you have any service charges for returned checks,  
Please list the amount: \$ \_\_\_\_\_

**I UNDERSTAND that upon filing checks with the District Attorney's Office, the District Attorney's Office assumes full control of the matter. I will refer all inquiries of offers of payment to the District Attorney's Office.**

**I ALSO UNDERSTAND that the District Attorney's Office DOES NOT give status reports on any check filed and I agree not to ask for a status report at any time.**

**I ALSO UNDERSTAND that a check filed in the District Attorney's Office becomes part of the Official Records of that office and WILL NOT be returned to the PAYEE or the MAKER of the check.**

\_\_\_\_\_  
DATE RECEIVED BY D.A.

\_\_\_\_\_  
COMPLAINANT (OR AGENT) SIGNATURE

\_\_\_\_\_  
COMPLAINANT (OR AGENT) PRINT  
NAME