

\$10.00 Processing fee per check

BUFFALO COUNTY ATTORNEY'S OFFICE

REQUEST FOR CRIMINAL PROSECUTION ON BOGUS CHECKS

(Please fill in all blanks. If answer is unknown, or does not apply, please indicate.)

Name of check writer: _____

Address of check writer: _____

Telephone # of check writer: _____

Amount of check(s): _____

Date of check(s): _____

Payee: _____

Address of payee: _____

Phone # of payee: _____

Name & position of person
Completing this form: _____

Name of person or employee
& position who took check(s): _____

ATTACH BOGUS CHECK(S) HERE. PLEASE DO NOT STAPLE CHECKS ON TOP OF EACH OTHER.

Was check written and passed in Buffalo County? _____

Did check passer ask that check be held or post-dated? _____

Driver's license number of check writer? _____

Date of Birth: _____

Other I.D., if shown: _____

Name of person who passed check, if different from check writer: _____

Was check written in presence of person who took check? _____

Can person who took check identify check passer in court? _____

What was received for this check (cash, type of merchandise, etc.) _____

Was check given in payment of an account, and if so, explain: _____

Have you taken checks from this individual before? _____

On what date did you send notice of this bogus check to passer, and what response did you get?

Any other information which may be helpful? _____

The undersigned states that he/she has filled out this complaint, that the statements are true and that he/she is willing to testify in Court under oath to the above statements.

Please be advised that any check submitted to this office for prosecution may be destroyed after five years.

**FAILURE TO FILL OUT THE FORM COMPLETELY COULD RESULT IN
NON-PROSECUTION OF THE CHECK(S).**

Dated _____

Signature _____