

## CHECK INFORMATION SHEET

PLEASE PRINT OR TYPE DATE FILED: \_\_\_\_\_

MAKER OF CHECK: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ ST. \_\_\_\_\_ DOB: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

TELEPHONE NO. HM. ( ) \_\_\_\_\_ WK. NO. ( ) \_\_\_\_\_

HAVE YOU CONTACTED SIGNER? \_\_\_\_\_ HOW? \_\_\_\_\_

CHECK WAS GIVEN FOR: CASH, SALARY, MERCHANDISE, RENT, OTHER

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HAS FULL OR PARTIAL PAYMENT BEEN MADE? YES \_\_\_\_\_ NO \_\_\_\_\_

CHECK WAS RECEIVED OR ACCEPTED IN \_\_\_\_\_ COUNTY.

PERSON WHO TOOK CHECK FROM MAKER \_\_\_\_\_

CAN HE/SHE IDENTIFY MAKER IN COURT? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPLAINANT'S NAME (MERCHANT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_ FAX NO. ( ) \_\_\_\_\_

CHECK NUMBER	DATE OF CHECK	AMOUNT OF CHECK
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ALL PAYMENTS MUST BE SENT TO THE DISTRICT ATTORNEY'S OFFICE!**

\_\_\_\_\_  
**COMPLAINANT**