

Cole County Prosecuting Attorney's Office
311 East High Street
Jefferson City, MO 65101
(573) 634-9029

BAD CHECK COMPLAINT

CHECK WRITER:

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Driver's license number: _____ Social Security Number: _____

VICTIM:

Who actually accepted the check?

Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Was the check filled out in the presence of the person who accepted the check? _____

Can you identify the check writer? _____

To whom should payment be sent:

Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

CHECK INFORMATION

Date check was accepted: _____

What have you done to collect the check?

I, knowing that false statements on this form are punishable by law, hereby affirm that the above information is true and accurate to the best of my knowledge, information and belief.

Signature: _____ Date: _____

**ATTACH CHECK
HERE**
(Please Staple)