

BAD CHECK INFORMATION WORKSHEET

YOUR BUSINESS NAME: \_\_\_\_\_

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

CHECK ACCEPTED BY: \_\_\_\_\_  
(Include name, address and phone number of person accepting the check.)

WAS PHOTO IDENTIFICATION TAKEN AT THE TIME THE CHECK WAS ACCEPTED? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, state its type (Driver's license, ID Card, etc., and number.) If not, why?

\_\_\_\_\_

Can the person accepting the check identify the check writer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the check handed to you by someone other than the check writer? Yes \_\_\_\_\_ No \_\_\_\_\_

CHECK WRITER: \_\_\_\_\_  
(Please include any useful information you have about the person who wrote the check, including physical description, known whereabouts, etc.)

CHECK NO.	DATE	AMOUNT	CHECK NO.	DATE	AMOUNT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Attach the original checks here.

HAS INDIVIDUAL BEEN MAILED A NOTIFICATION OF RETURNED CHECK? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date of Notification Letter \_\_\_\_\_ Please attach a copy of notification letter. If the letter was returned to you in the mail, please attach the original, including the envelope that it was mailed in.

Has check writer been notified by phone? YES \_\_\_\_\_ NO \_\_\_\_\_ Phone Number and Date: \_\_\_\_\_

I affirmatively state that the check was accepted with the express or implied understanding that it was good. The check was not post dated. The payee was not asked and did not agree to hold the check until a later date. The check writer did not state or imply that the check would not be honored at the bank. The check is not a two party check. I have not received any payment toward restitution of the check.

I understand that criminal charges may be filed as a result of my signing this complaint and that the check writer named above may be arrested. I further agree not to accept payment once the check has been given to the county attorney for prosecution.

\_\_\_\_\_  
Printed Name of Person Making Complaint

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Phone Number

Please submit the completed form and documentation to the Lincoln County Attorney's Office, 512 California Avenue, Libby, MT 59923. If you have questions please call (406) 293-2717