

**BAD CHECK COMPLAINT FORM  
(MUST BE FILLED OUT COMPLETELY)**

**1. VICTIM**

NAME: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_  
PERSON WHO ACTUALLY RECEIVED THE CHECK: \_\_\_\_\_  
WAS THE CHECK FILLED OUT IN THE PRESENCE OF THE PERSON WHO ACCEPTED  
THE CHECK: \_\_\_\_\_  
CAN YOU IDENTIFY THE CHECK WRITER: \_\_\_\_\_

**2. OFFENDER**

NAME: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_  
MALE/FEMALE: \_\_\_\_\_ BUILD: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_  
OTHER IDENTIFYING CHARACTERISTICS: \_\_\_\_\_  
\*DATE OF BIRTH: \_\_\_\_\_ \*SOCIAL SECURITY NO.: \_\_\_\_\_  
\*DRIVERS LICENSE NUMBER AND STATE: \_\_\_\_\_

**3. CHECK INFORMATION**

DATE CHECK WAS ACCEPTED: \_\_\_\_\_  
REASON CHECK WAS REFUSED BY THE BANK: \_\_\_\_\_  
AMOUNT/FACE VALUE OF THE CHECK: \_\_\_\_\_

**4. OTHER**

DID YOU AGREE TO HOLD THE CHECK?      YES                      NO  
WAS THE CHECK POSTDATED?              YES                      NO  
HAVE ANY PARTIAL PAYMENTS BEEN TAKEN ON THIS CHECK?      YES      NO  
IF YES, HOW MUCH HAS BEEN PAID? \_\_\_\_\_  
WAS THE CHECK PASSED IN MACON COUNTY?      YES                      NO  
IF NO, IN WHICH COUNTY WAS IT PASSED? \_\_\_\_\_  
DID OFFENDER PASS THE CHECK PERSONALLY?      YES                      NO  
IF NO, NAME AND ADDRESS OF PERSON PASSING THIS CHECK? \_\_\_\_\_

WHAT HAVE YOU DONE IN AN ATTEMPT TO COLLECT ON THIS CHECK? \_\_\_\_\_

WHAT WAS OBTAINED WITH THIS CHECK? \_\_\_\_\_

WHAT IS THE MAX. CHARGE POSTED IN YOUR STORE FOR MERCHANT FEE? \_\_\_\_\_

WHAT IS THE AMOUNT THE INSTITUTION CHARGED FOR THE RETURN OF THE CHECK? \_\_\_\_\_

**\*WE CAN COLLECT ON A MAXIMUM SERVICE CHARGE OF TWENTY DOLLARS PLUS AN AMOUNT EQUAL TO THE ACTUAL CHARGE BY THE DEPOSITORY INSTITUTION FOR THE RETURN OF THE INSUFFICIENT FUNDS CHECK.**

**BY SIGNING THIS COMPLAINT, I AGREE TO PROSECUTE THIS  
CRIMINAL CASE, MAKE ALL COURT APPEARANCES AS REQUIRED  
AND NOT ACCEPT PAYMENT FOR THIS CHECK UNLESS PRIOR  
APPROVAL IS OBTAINED FROM THE PROSECUTING ATTORNEY'S  
OFFICE.**

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: \_\_\_\_\_

**IT IS VERY IMPORTANT THAT YOU HAVE AT LEAST ONE OF THE THREE PIECES  
OF INFORMATION MARKED WITH AN ASTERISK\***