

PROBABLE CAUSE STATEMENT/CHECK INFORMATION SHEET

PLEASE RETURN TO:
ADAIR COUNTY PROSECUTING ATTORNEY'S OFFICE
300 N. FRANKLIN, P.O. BOX 314
KIRKSVILLE, MO 63501

CHECK WRITER INFORMATION

CHECK WRITER'S NAME: _____

CHECK WRITER'S STREET ADDRESS: _____

CHECK WRITER'S CITY, STATE, ZIP: _____

CHECK WRITER'S DATE OF BIRTH: _____ / _____ / _____

CHECK WRITER'S DRIVER'S LICENSE: _____

CHECK WRITER'S SOCIAL SECURITY NUMBER: _____

AMOUNT OF CHECK: _____

DATE OF CHECK: _____

CHECK MADE PAYABLE TO WHOM: _____

REASON CHECK WAS RETURNED: () INSUFFICIENT FUNDS () ACCOUNT CLOSED () NO ACCOUNT () OTHER

NAME OF PERSON ACCEPTING THE CHECK: _____

DID YOU VERIFY THE CHECK WRITER WITH A VALID ID? _____

WHAT WAS THE CHECK IN PAYMENT OF? _____

DID THE PERSON SAY ANYTHING TO GIVE YOU REASON THE CHECK MIGHT NOT CLEAR THE BANK? _____

IF SO, WHAT WAS SAID? _____

WAS THE CHECK POST-DATED? _____

WERE YOU ASKED TO HOLD THE CHECK FOR A FEW DAYS? _____

IF YES, FOR HOW LONG? _____

WHAT DATE WAS THE CHECK GIVEN TO YOU? _____

WHERE WAS THE CHECK GIVEN TO YOU? _____

HAS ANY PART OF THE CHECK BEEN PAID? _____ IF YES, HOW MUCH? _____

Staple Check Here

VICTIM INFORMATION

YOUR FULL NAME: _____

NAME OF YOUR COMPANY, IF CHECK WRITTEN TO A BUSINESS: _____

YOUR ADDRESS: _____

MAILING ADDRESS

CITY

STATE

ZIP

YOUR DAYTIME TELEPHONE NUMBER: _____

I CERTIFY THAT THE FOREGOING FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT ANY FALSE STATEMENTS MADE CAN BE PUNISHED BY LAW.

SIGNATURE _____

DATE _____