

**CHECK FRAUD WORTHLESS CHECK INFORMATION**  
**Please Print or Type—FILL IN COMPLETELY**

Signer of Check: Mrs., Mr., Miss \_\_\_\_\_

Signer's Driver's License # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone: \_\_\_\_\_

Signer's Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Signer: Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Your Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

SPECIFIC REASON CHECK WAS GIVEN FOR: \_\_\_\_\_

Person who took from maker (Please Print) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Was this a postdated or hold check? Yes ( ) No ( )

Brief narrative of any special circumstances:

LIST FOUR CHECKS ONLY:  
DO NOT LIST FEES:

DATE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I understand that this check is being presented to the District Attorney's Office for prosecution, and I will do whatever is necessary for further prosecution of this check. I will NOT accept any payment thereon from any private individual or person including the Accused, without the prior consent of said office. I do certify that the above information is true and correct.

Affiant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_