



### WORTHLESS CHECK INFORMATION SHEET

Does this Complaint involve a POST-DATED check? Yes No  
Does this Complaint involve a TWO-PARTY check? Yes No  
Was PARTIAL PAYMENT received on this check? Yes No  
Was check deposited after 30 DAYS of date written? Yes No  
Did you agree to HOLD this check? Yes No

Office of the District Attorney  
Special Services Division  
801 Richard Arrington Jr. Blvd. N  
Suite 107  
Birmingham, AL 35203-2326  
205-325-1422 Office  
205-325-1427 Fax

ANY "YES" ANSWER INDICATES THAT THIS MATTER SHOULD BE HANDLED THROUGH THE APPROPRIATE CIVIL COURT,  
NOT THE WORTHLESS CHECK UNIT

#### INFORMATION REGARDING CHECK WRITER

First Name:	Middle Name:	Last Name:	Suffix:
Address:			
City:		State:	Zip:
Phone No.:	Driver's License No.:	State Where Issued:	
SSN:	Date of Birth:	Race (if known):	Sex: Male Female

#### CHECK INFORMATION

Check No.:	Date:	Check Amount:
Name and Address of Person Accepting Check:		Still Employed: Yes [ ] No [ ]
Purpose of Check: (Wages, rent, merchandise, services, etc.)		
Physical Location Where Check was Passed:		
Institute or Bank Check Drawn On:	Check Returned: NSF [ ] Closed Account [ ] Other [ ]	

#### VICTIM INFORMATION

Victim or Business Name:		
Mailing Address:		
City:	State:	Zip:
Contact Name (please print):	Phone No.:	Fax No.:
Contact E-mail Address:	Name of Person Who Will Sign this Complaint:	
Magistrate Signature:	Affiant Signature:	Date: