



**WORTHLESS CHECK  
INFORMATION SHEET**

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

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 [ ]

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: