

PERRY COUNTY, MISSOURI
PROSECUTING ATTORNEY

BAD CHECK STATEMENT OF FACTS

Name and address of the WRITER of the bad check: _____

SSN: _____
DL#: _____ MALE _____ FEMALE _____

Name of person who ACTUALLY TOOK THE CHECK: _____

Brief description of MERCHANDISE or SERVICE purchased with the bad check: _____

Has the check been POST DATED: Yes _____ No _____

If yes, when was the check ACTUALLY RECEIVED BY YOU? _____

Have you agreed to HOLD THE CHECK for any length of time? Yes _____ No _____

If yes, for what time period did you agree to hold the check? _____

I understand that I am not to accept any payment on the above check, either partial or full, from any office other than that of the Perry County Prosecuting Attorney. Any such payment received by me will be turned in to the Office of the Prosecuting Attorney. In the event I accept such payment, I agree that I will be solely responsible for the payment to the Perry County Prosecuting Attorney's office for any and all Perry County fees.

Name, Address of Business receiving the bad check: _____

Date: _____ Signature _____