



# GREENE COUNTY PROSECUTING ATTORNEY

## BAD CHECK DIVISION

1443 N. ROBBERSON AVENUE SUITE 600

SPRINGFIELD, MISSOURI 65802

(417) 868-4034

1. BUSINESS OR PERSON DEFRAUDED-

2. PERSON WHO SIGNED CHECK-

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

3. PERSON ACCEPTING CHECK- FULL NAME \_\_\_\_\_

**Business is required to maintain contact with/current address of witness**

4. Can witness identify check writer? Yes No

5. Was driver's license shown? Yes No

6. Did ID match check writer? Yes No

7. License or I.D.# \_\_\_\_\_ State of Issuance \_\_\_\_\_ Birth Date \_\_\_\_\_

8. Check # \_\_\_\_\_ Date Check Passed \_\_\_\_\_ Amount of Check \_\_\_\_\_

9. What did check writer purchase with check? \_\_\_ Merchandise \_\_\_\_\_ Services \_\_\_\_\_

10. Was check post-dated? Yes No

Was partial payment for this check accepted? Yes No

Was there agreement to hold check? Yes No

Was the check a two-party check? Yes No

Did the check require 2 signatures? Yes No

Was the check passed hand to hand in Greene County? Yes No

Was the check passed in person by the signer? Yes No

Is this a payroll check? Yes No

Was this a payment on a contract or account? Yes No

Was this check to pay rent? Yes No

11. Prosecution of checks under \$500.00 must commence within one year of being passed. We must have check within 9 months of the date it was written or we cannot accept them.

12. I understand that I cannot pursue both a civil action and file a claim with the Bad Check Division.

13. I understand the purpose of this complaint is to initiate criminal prosecution. My sole purpose is to prosecute the check writer and agree to cooperate with this prosecution until completed. Omission of any of the above information may prohibit prosecution.

Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

PLACE ORIGINAL LEGAL COPY HERE  
(STAPLE CHECK AT RIGHT MARGIN OR FORM)

**Attach Probable Cause Statement to back for all checks (and in addition, a 10 day letter and stop payment form for stop payment check complaints only) to back**

**PROBABLE CAUSE STATEMENT**

I \_\_\_\_\_, upon my oath and under penalties of perjury, state as  
(Person filling out form)  
follows:

1. I have probable cause to believe that \_\_\_\_\_ committed one or  
(Person who signed check)  
more criminal offenses.

2. The facts supporting this belief are as follows:

On \_\_\_\_\_ (Date check passed), \_\_\_\_\_ (Name on  
Check) passed check number \_\_\_\_\_, drawn on \_\_\_\_\_ (Name of Bank),  
payable to \_\_\_\_\_, in the amount of \_\_\_\_\_.  
This occurred in Greene County, Missouri.

This check was returned from the bank unpaid, marked \_\_\_\_\_ (Reason for  
non-payment) and has not been paid at this time.

I, knowing that false statements on this form are punishable by law, hereby affirm that the above  
information is true and accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date