

BAD CHECK UNIT – Jackson County Prosecutor’s Office

Probable Cause Statement/Bad Check Complaint

Revised 10/26/2004

VICTIM INFORMATION

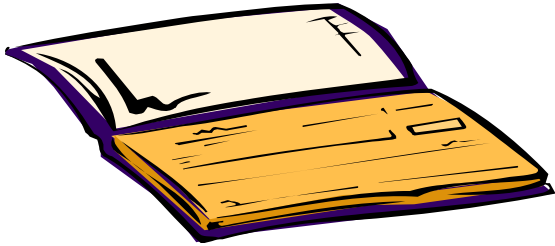
Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Fax: _____



Staple Original Check Here

Instructions:

1. Fill out for each check submitted.
2. Check must be stamped by bank.
3. Type or print neatly.
4. Return completed form to:

**Bad Check Unit
Jackson County Prosecutor’s Office
321 W Lexington, Ste 100
Independence, Mo. 64050**

CHECK WRITER INFORMATION

Name: _____ Company (if any) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____ Race: _____ Sex: _____

Date of Birth: _____ Driver’s License # _____ State: _____

Check #: _____ Check Date: _____ Check Amount: _____

Reason check was not honored (Account Closed, NSF, etc.) _____

Name of Bank _____ Account Holder _____

What was the check written for (example: groceries, merchandise, cash, etc.)? _____

Where was check passed (address where you received check): _____

I AGREE TO COOPERATE IN THE PROSECUTION OF THIS CRIMINAL CASE, MAKE ALL COURT APPEARANCES AS REQUIRED AND NOT TO ACCEPT PAYMENT FOR THIS CHECK FROM THE OFFENDER UNLESS THERE IS PRIOR APPROVAL BY THE PROSECUTING ATTORNEY’S OFFICE.

I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW UNDER PENALTY OF PERJURY, HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE.

COMPLAINANT/VICTIM _____
Signature _____ Print Name _____

Signed this _____ day of _____, 20 _____