



TANEY COUNTY PROSECUTING ATTORNEY

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BAD CHECK REFERRAL FORM

1. BUSINESS OR PERSON DEFRAUDED-

2. PERSON WHO SIGNED CHECK-

NAME _____

NAME _____

BUSINESS ID# | SSN#: _____

ADDRESS _____

ADDRESS _____

CITY, STATE & ZIP _____

CITY, STATE & ZIP _____

PHONE (____) _____

PHONE (____) _____ FAX (____) _____

3. PERSON ACCEPTING CHECK: NAME _____ SSN#: _____ DOB: _____

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? _____

- | | | |
|---|-----|----|
| 10. Was check post-dated? | Yes | No |
| Was partial payment 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 presented in Taney County? | Yes | No |
| Was the check passed in person by the signer? | Yes | No |
| Is this a payroll check? | Yes | No |

11. Prosecution of checks under \$500.00 must commence within one year of being passed. Checks within 90 days of that date cannot be accepted.

12. 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.

Signature of person completing form _____ Date _____

PLACE ORIGINAL CHECK HERE
(STAPLE CHECK AT RIGHT MARGIN ON FORM)

Attach Probable Cause Statement and 10 day letter (required for stop payment complaints) to back