



GREENE COUNTY PROSECUTING ATTORNEY BAD CHECK DIVISION

1010 BOONVILLE, 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