

**MARQUETTE COUNTY DISTRICT ATTORNEY
WORTHLESS CHECK INFORMATION SHEET**

Chad A. Hendee, District Attorney
P.O. Box 396, Montello, WI 53949
Fax: 608-297-7234
E-mail: MarquetteWCP@da.wi.gov

The following form must be **completely filled out** for each check submitted to the District Attorney's Office. The person, firm or corporation who received and now owns the unpaid check is known as a complainant. This form must be signed by the complainant if an individual or by an authorized agent of a business or corporation. Please submit the form to our office by mail, fax or email.

Complainant's Name and Title _____

Address of Complainant _____

Name and address of business _____

Phone _____ Business location (i.e., city of, township of, etc.) _____

Contact E-mail _____

Who accepted the check _____ Title _____

Can the above identify the passer: yes / no Will you prosecute: yes / no

Did person accepting the check compare a photo I.D. or Driver's License from passer yes / no

Write yes if any are applicable _____ postdated check, _____ rent check,
_____ agree to hold check, _____ third party check, _____ payment on past due account
_____ check for past consideration

Reason check was returned (i.e. NSF, Account Closed) _____

What did the passer receive for the check (i.e., merchandise, cash, services) _____

Was 5 day letter sent _____, When _____, What was result _____

Name and address of passer _____

Date of birth _____ Driver's license number _____ DL State _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Amount of check _____ Date of check _____ Check No. _____

NO CHECK WILL BE ACCEPTED UNLESS THERE IS A COPY OF AT LEAST ONE LETTER NOTIFYING THE PERSON ISSUING THE CHECK OF ITS RETURN BY THE BANK UNPAID. THE LETTER SHOULD HAVE BEEN SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

ATTACH CHECK TO THIS FORM. IT IS UNDERSTOOD THAT THE ATTACHED CHECK IS BEING PRESENTED FOR CRIMINAL PROSECUTION TO THE DISTRICT ATTORNEY AND NOT FOR COLLECTION. THE UNDERSIGNED AND THE UNDERSIGNED'S AGENT AND EMPLOYEES WILL COOPERATE IN THE PROSECUTION OF THE CRIME HEREIN. AND WILL NOT REQUEST THAT THE COMPLAINT ON THIS CHECK BE DISMISSED, NOR WILL THEY **ACCEPT PAYMENT** ON THE CHECK WITHOUT NOTIFICATION VIA FAX OR E-MAIL OF THE RESTITUTION RELEASE TO THE DISTRICT ATTORNEY'S OFFICE.

The above facts are certified to be true and accurate by the undersigned.

Date _____ Firm Name _____ Signature _____