

WORTHLESS CHECK INFORMATION

Please use the following form when submitting checks to the County Attorney for collection or prosecution. Complete each of the questions in as much detail as possible to aid in the apprehension and prosecution of hot check writers. Failure to provide required information may result in the refusal of a check by our office.

NAME: _____

ADDRESS: _____

CITY: _____

DL/ID NO.: _____ DOB: _____

SSN: _____

CHECK NO.: _____ DATE OF CHECK: _____

AMOUNT: \$ _____ BANK: _____

REASON FOR RETURN: NSF / ACCOUNT CLOSED / OTHER

PROPERTY/SERVICE OBTAINED WITH CHECK (Please be specific):

NAME OF CLERK WHO TOOK CHECK: _____

.....

MERCHANT INFORMATION

NAME AND ADDRESS OF COMPANY/STORE WHERE CHECK WAS PASSED:

TELEPHONE: _____ OWNER/MGR: _____

PERSON TO CONTACT: _____

PLEASE RETURN FORM TO
COUNTY ATTORNEY'S OFFICE

122 W. HARRIS AVE
SAN ANGELO, TX 76904