

**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