

**OFFICE OF THE LAFAYETTE COUNTY PROSECUTING ATTORNEY  
PO BOX 70 LEXINGTON, MO 64067**

*BAD CHECK QUESTIONNAIRE*

**1. NAME & ADDRESS OF BUSINESS (or individual) DEFRAUDED:**

\_\_\_\_\_  
Name Street City/State/Zip Phone

**2. NAME AND HOME ADDRESS OF OWNER: (Circle one: Sole owner Partnership Corporation)**

\_\_\_\_\_  
Name Street City/State/Zip Phone

**3. NAME & HOME ADDRESS OF INDIVIDUAL WHO ACTUALLY ACCEPTED THE CHECK:**

\_\_\_\_\_  
Name Street City/State/Zip Phone

Can this individual positively identify the check writer? Yes No

**4. DESCRIPTION OF OFFENDER (All information necessary for check to be processed)**

\_\_\_\_\_  
Name Street City/State/Zip Phone

DOB \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Driver's Licenses # \_\_\_\_\_ Social Security # \_\_\_\_\_

**5. CHECK INFORMATION:**

Made payable to \_\_\_\_\_

Amount \$ \_\_\_\_\_ Dated \_\_\_\_\_ Check passed in Lafayette County? Yes No

Reason payment refused by bank \_\_\_\_\_

Was the check made out and signed in your presence? Yes No

Did you agree to hold the check until later date? Yes No If so, what date? \_\_\_\_\_

Has partial payment been accepted? Yes No

It is understood and agreed that the check here attached is being presented to the Prosecuting Attorney for criminal prosecution and the undersigned, its agent and employees will cooperate in the prosecution of the crime involving this bad check and will not request that the complaint regarding this check be dismissed. I understand that I will not accept payment of this check without the consent and approval of the Prosecuting Attorney's Office. The undersigned further certifies that the above stated facts are true.

Dated \_\_\_\_\_ Complainant's Signature \_\_\_\_\_