

**DEKALB COUNTY PROSECUTING ATTORNEY**

**ERIK TATE**

**P . O . BOX 248**

**MAYSVILLE, MO 64469**

**PHONE (816) 449-2279**

**FAX (816) 449-5241**

**BAD CHECK COMPLAINT**

Please refer checks to our office as soon as they are returned. Mail or bring the original check to our office at the address above TOGETHER WITH this completed referral form. We **MUST** have this form. Please note we must also have either a social security number or a date of birth in order to issue a warrant in the event charges are filed and the defendant fails to appear in court. Once you have submitted this form, you must **NOT** accept payment from the check writer.

Name of Business/Person Defrauded \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Bookkeeper/Manager \_\_\_\_\_

Name of the person who actually accepted the check \_\_\_\_\_

Can the person who accepted the check identify the check writer? \_\_\_\_\_

Did the person who accepted the check review any identification (e.g. driver's license)? \_\_\_\_\_

Was the check postdated? \_\_\_\_\_ Was partial payment accepted? \_\_\_\_\_

Was the check received or passed in DeKalb County? \_\_\_\_ yes \_\_\_\_ no

Was there any agreement between the parties to hold this check? \_\_\_\_\_

Was this check received by mail? \_\_\_\_\_

CHECK WAS RETURNED (PLEASE MARK ONE) \_\_\_\_\_ NSF \_\_\_\_\_ ACCOUNT CLOSED  
\_\_\_\_\_ STOP PAYMENT \*\*

**\*\* ON A STOP PAYMENT CHECK, CERTIFIED NOTICE IN WRITING HAS TO BE SENT TO THE CHECK WRITER. PLEASE INCLUDE DOCUMENTATION OF CERTIFIED NOTICE ALONG WITH THIS FORM.**

**STATEMENT OF PROBABLE CAUSE:**

I, \_\_\_\_\_, swear or affirm that the information contained herein is true and accurate to the best of my knowledge, information, and belief: That I have probable cause to believe that \_\_\_\_\_ (name of check writer), DOB: \_\_\_\_\_, SSN: \_\_\_\_\_, DL# \_\_\_\_\_, who resides at \_\_\_\_\_, committed one or more criminal offenses. The facts supporting this belief are as follows: That on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the County of DeKalb, State of Missouri, the defendant gave me check number \_\_\_\_\_ drawn upon \_\_\_\_\_ (name of check writer's bank), in the amount of \$\_\_\_\_\_ in return for goods and/or services. After this check was deposited in my or my employers account, it was returned unpaid due to \_\_\_\_\_ (reason the check was dishonored). Furthermore, I relinquish any and all rights of acceptance of restitution unless directed by the Prosecuting Attorney's Office.

Date \_\_\_\_\_ Signed \_\_\_\_\_