

PROBABLE CAUSE STATEMENT
(BAD CHECK REFERRAL FORM)

COMPLAINANT INFORMATION:

1. Name of business or person defrauded: _____
2. Address of business or person defrauded: (Street) _____ (PO Box) _____
(City) _____ (State) _____ (Zip) _____ Phone #: _____
3. Physical address where the check was passed, if different than #2 above: (Street) _____
_____ (City) _____ (State) _____ (Zip) _____
4. Mailing address where restitution will be sent, if different than #2 above: (Street) _____
(PO Box) _____ (City) _____ (State) _____ (Zip) _____
5. Business owners name: _____

CHECK WRITER INFORMATION:

1. Name of check signer: _____
2. Address of check signer: (Street) _____ (PO Box) _____
(City) _____ (State) _____ (Zip) _____ Phone #: _____
3. Date of birth: _____ Social Security Number: _____
4. Driver's license number: _____ State of issue: _____
5. Additional information regarding the location and/or description of the check writer: _____

ADDITIONAL INFORMATION:

1. Check number _____, check amount _____, and date check was passed: _____
2. Reason check was returned: () Insufficient Funds () Account Closed () No Account () Other: _____
3. Name of person who actually accepted the check: _____ Phone #: _____

Did he/she see check writer's ID and verify the information?	Yes _____	No _____
Can he/she recognize the check writer and ID them in court?	Yes _____	No _____
Was the check received by mail?	Yes _____	No _____
Was the check postdated?	Yes _____	No _____
Has any part of the check been paid?	Yes _____	No _____
Was there any agreement between any parties involved to hold this check?	Yes _____	No _____
Was the check passed in Warren County?	Yes _____	No _____
Did the check writer say anything to give you reason to believe the check might not clear the bank? Yes _____	No _____	
If yes, what was said? (use back of form if additional space is needed) _____		

By submitting this form to the Prosecuting Attorney, my business and I agree to cooperate fully in the prosecution of the above individual and I swear under penalty of perjury that the foregoing facts are true to the best of my knowledge.

Signature of owner/manager-REQUIRED

Date

Please Print Name

PLEASE ATTACH THE ORIGINAL CHECK TO THE BACK OF THIS FORM AND RETURN TO:

Michael S. Wright
Warren County Prosecuting Attorney
104 West Main, Ste. E
Warrenton, MO 63383
(636) 456-7024