

FLORENCE COUNTY WORKSHEET
12TH CIRCUIT WORTHLESS CHECK UNIT
147 North Irby Street, Florence, SC 29501
(843) 292-1586

Mail this form and qualified check to: PO Box 1569, Florence, SC 29503

Victim Info:

Company: _____	Date: _____
Contact: _____	Email: _____
(Mailing) Address: _____	City/State/Zip: _____
Phone #: _____	Alt. Phone #: _____ Fax #: _____

Offender Info:

Name: _____	DL #: _____
Address: _____	City/State/Zip: _____
(Alternate) Address: _____	City/State/Zip: _____
Phone #: _____	Alt. Phone #: _____ DOB: _____

Check Info:

Date Accepted (Can be different than check date): _____	Date Deposited (1 st only): _____
Check #: _____ Bank drawn on: _____	Bank where deposited: _____
Check deposited within 10 days ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check was received in Florence County ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check believed to be good at the time of receipt?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check postdated (Written for a future date)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any agreement to hold the check?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH QUALIFYING CHECK HERE (True LEGAL COPY from Bank)

**** PLEASE ATTACH ANY ADDITIONAL INFORMATION ****

Check is for: _____

Other important details: _____

PLEASE READ

All payments for this item **MUST** be made through the Solicitor's Worthless Check Unit

I could be held liable for fees outlined in S.C. Code of Laws Section 17-22-710 if I:

- Withdraw the check from the program
- Stop the prosecution process
- Accept full or partial payment on this check which could result in the collection or prosecution process being stopped

By signing this form, I swear that all information on this form is true and accurate.

Signature: _____ Date: _____

FILE#: F - INITIALS: DATE: RECEIVED BY WORTHLESS CHECK UNIT