180 N. Irby Street, County Complex, Room 206, Florence, SC 29501 (843) 292-1586

Mail this form and qualified check to: 180 N. Irby Street, MSC-YY, Florence, SC 29501

Victim Info:				
Company:			Date:	
		Email	l:	
(Mailing) Address:	City/State/Zip:			
Phone #:	Alt. Phone #:		Fax#:	
Offender Info: A warrant may not be issued	without proper identifie	rs (DL, SSN, or DOB	s) on the SIGNER of the check.	
Name:			DL/SSN:	
	City/State/Zip:):	
(Alternate) Address:	City/State/Zip:			
Phone #:	Alt. Phone #:		DOB:	
Check Info: A warrant may not be issued if	the Worthless Check Un	it program requirem	nents are not met.	
Date Accepted (Can be different than check date):		Date Deposited (1st only):		
Check #: Bank drawn or	Bank drawn on:		Bank where deposited:	
Check deposited <u>within 10 days</u> ?		☐ YES	□ NO	
Check was received in Florence County?		☐ YES	□ NO	
Check believed to be good at the time of receipt?		☐ YES	□ NO	
Check postdated (Written for a future date)?		☐ YES	□ NO	
Any agreement to hold the check?		☐ YES	□ NO	
TTACH QUALIFYING CHECK HE			nk)	
Charle in fam				
PLEASE READ				
All payments for this item MUST	「be made through	n the Solicitor's	s Worthless Check Unit.	
I could be held liable for fees ou	_			
Withdraw the check from the Stop the prosecution process.	he program			
Accept full or partial payments prosecution process being	ent on this check	which could re	esult in the collection or	
BY SIGNING THIS FORM				
• I swear that all information				
 I understand that if this che the Solicitor cannot pursue 				
ignature:	Witness:		Date:	