

**MARION COUNTY WORKSHEET**  
**12<sup>TH</sup> CIRCUIT WORTHLESS CHECK UNIT**  
Marion County Courthouse, Marion, SC 29571  
(843) 319-1247

**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 <sup>st</sup> only): _____
Check #: _____ Bank drawn on: _____	Bank where deposited: _____
Check deposited <b>within 10 days</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check was <b>received in Marion County</b> ?	<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#: M -  
INITIALS:  
DATE:  
RECEIVED BY WORTHLESS CHECK UNIT