

**12<sup>th</sup> Circuit Solicitor's Worthless Check Program**

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

147 N. Irby St.  
Worthless Check Complaint Form  
*Please Print or Type*

FILE#:

INITIALS:

RECEIVED BY WORTHLESS CHECK UNIT: DATE:

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**I understand that if any of the responses given are untrue, or if I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91.00.**

1. Offenders Name: \_\_\_\_\_ Previously given bad check: Yes No (circle one)

2. Date Accepted: \_\_\_\_\_ Date Deposited: \_\_\_\_\_

3. Check #: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Bank drawn on \_\_\_\_\_

4. Bank where check deposited: \_\_\_\_\_ Service charge amount \$ 30.00.

5. Who accepted check and ID'd check presenter: \_\_\_\_\_

6. A post dated check: Yes No (circle one) ( If yes, disqualified)

7. Was there an agreement to hold check: Yes No (circle one) ( If yes, disqualified)

**ATTACH QUALIFYING CHECK HERE;**