



OFFICE OF THE STATE'S ATTORNEY
MADISON COUNTY, ILLINOIS
THOMAS A. HAINE
STATE'S ATTORNEY

BAD CHECK PROGRAM

Check writer's full name as written on check:

Address:

Phone #:

Date of Birth or Driver's License # (**must have**):

Amount of check, date of check, check number and what check was for.

Name of person who accepted check:

Can the person who accepted the check identify the person who tendered the check?

yes no (mark yes if you saw their driver's license at time check was written) What
did the person who accepted the check write on the check at the time they received it?

driver's license # _____ their initials _____

Has the check writer been notified that the checks(s) have been dishonored?

yes no Letter (**copy attached**) Phone _____ If other,

describe: _____

Was this a post-dated check yes no

You must have a police report on file.

Agency police report was filed with _____

Date police report was filed _____

Police report number _____

You must provide a copy of the bad check along with bank records of bad check.

Victim/Firm Name _____ Phone Number _____

Victim Address _____

Name of person filing _____ Phone Number _____

The address where check was accepted if different from the above address. _____