

**BAD CHECK PROSECUTION REQUEST FORM**

**NAME AND ADDRESS OF THE PERSON OR BUSINESS REQUESTING PROSECUTION**

Business Name & Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**TELEPHONE NUMBER OF PERSON OR BUSINESS REQUESTING PROSECUTION:**

DAY TIME TELEPHONE: \_\_\_\_\_  
NIGHT TIME TELEPHONE: \_\_\_\_\_  
FACSIMILE NUMBER: \_\_\_\_\_  
(if available)

**E-MAIL ADDRESS OF PERSON OR BUSINESS REQUESTING PROSECUTION:**

\_\_\_\_\_

**NAME OF PERSON WHO ACCEPTED THE CHECK**

\_\_\_\_\_

**CAN THIS PERSON BE CONTACTED THROUGH THE ENTITY REQUESTING PROSECUTION?**

Yes  
 No

**IF "No" PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**NAME AND ADDRESS OF THE PERSON WHO ACCEPTED THE CHECK:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City: \_\_\_\_\_

TELEPHONE NUMBER OF THE PERSON WHO ACCEPTED THE CHECK

Day Time Telephone: \_\_\_\_\_  
Night Time Telephone: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_  
(If available)

EMAIL ADDRESS OF PERSON OR BUSINESS REQUESTING PROSECUTION:

\_\_\_\_\_

CAN THE PERSON WHO ACCEPTED THE CHECK  
POSTIVELY IDENTIFY ITS MAKER

Yes  
 No

DID ANYONE AGREE TO HOLD THE CHECK FOR ANY PERIOD OF TIME?

Yes  
 No

WAS THIS A TWO-PARTY CHECK?

Yes

No

WAS THIS A POSTDATED CHECK?

Yes

WAS THIS A COUNTER CHECK?

No

Yes

No

HAS THE NOTICE OF THE DISHONORED CHECK BEEN SENT  
TO ITS MAKER BY CERTIFIED, RETURN-RECEIPT MAIL

Yes  
 No

IF "YES" THE DATE NOTICE WAS SENT? \_\_\_\_\_

WAS THE NOTICE RETURNED UNCLAIMED?

Yes

No

IF "YES" THE DATE THE NOTICE WAS RETURNED UNCLAIMED? \_\_\_\_\_

THE NAME, LAST KNOWN ADDRESS AND TELEPHONE OF THE CHECK  
MAKER:

Maker's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**DATE OF CHECK(S):** \_\_\_\_\_

**AMOUNT OF CHECK(S):** \_\_\_\_\_

**CHECK NUMBER(S):** \_\_\_\_\_

**TYPE OF IDENTIFICATION DOCUMENT PRESENTED BY MAKER:**

\_\_\_\_\_  
**IDENTIFICATION NUMBER TAKEN FROM THE MAKER'S IDENTIFICATION DOCUMENT:**

\_\_\_\_\_  
(date of birth/social security number/driver's license number)

**IF THE CHECK HAS BEEN ASSIGNED, THE NAME AND ADDRESS OF THE HOLDER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAS ANY LAW ENFORCEMENT AGENCY OTHER THAN LEWIS & CLARK COUNTY ATTORNEY'S OFFICE BEEN CONTACTED REGARDING THIS MATTER?**  Yes

No

**IF "YES PLEASE DESCRIBE WHATEVER INFORMATION YOU MAY HAVE AS TO WHAT LAW ENFORCEMENT AGENCY WAS CONTACTED, WHEN AND THE RESULTS OF THAT CONTACT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS THERE ANY OTHER INFORMATION THAT YOU FEEL IS IMPORTANT?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_