

Scott M. Perrilloux
District Attorney
21st Judicial District Attorney

Check Complaint Form

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH CHECK YOU WISH TO REFER TO THE BAD CHECK ENFORCEMENT PROGRAM. RETURN THIS FORM WITH THE ORIGINAL CHECK AND THE "GREEN CARD" ATTACHED.

Victim Information:

Company Name _____
Contact Person Mr/Mrs _____ First _____ Middle _____ Last _____
Witness (if different) First _____ Middle _____ Last _____
Address _____
City _____ State _____ Zip _____ Phone _____

Check Writer Information:

Check Writer Mr./Mrs _____ First _____ Middle _____ Last _____
Company Name _____
Soc. Sec. # _____ Date of Birth _____ Race _____ Sex _____
Address _____
City _____ State _____ Zip _____ Phone _____
Drivers Lic# _____ State Issued _____
Employer _____
Address _____
City _____ State _____ Zip _____ Phone _____
10-Day Certified Letter: Received Green Card Attached Not Delivered

Check Information:

Bank _____ Account# _____
Check# _____ Date Passed _____ Amount of Check _____
Reason Check Returned NSF Account Closed No Account Other _____
Purchase Type Merchandise Service Rent Payment on Account
Note _____

I hereby certify that all of the information is correct to the best of my knowledge. I further certify that the person listed above passed the check for which I am filing this complaint and I understand that said person is subject to arrest and prosecution as a result of this complaint.

COMPLAINANT

DATE