



Jackson County State's Attorney's Office

Bad Check Complaint Form

THE OFFENDER:

NAME: _____

DESCRIPTION: _____

(RACE, GENDER, AGE, HEIGHT, ETC)

ADDRESS: _____

PHONE NUMBER: _____

DRIVERS LICENSE#: _____

OTHER: _____

THE VICTIM:

LEGAL NAME OF BUSINESS: _____

CONTACT PERSON (RE: BAD CHECKS): _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF EMPLOYEE WHO ACCEPTED CHECK: _____

CAN EMPLOYEE IDENTIFY OFFENDER? _____

THE CHECK:

CHECK #: _____ DATE: _____ AMOUNT: _____

PAYABLE TO: _____

BANK WRITTEN ON: _____

RETURNED UNPAID BECAUSE: INSUFFICIENT FUNDS ACCOUNT CLOSED

WHAT WAS OBTAINED WITH THE CHECK?

MERCHANDISE CASH SERVICES OTHER _____

REQUIREMENTS

PLEASE CHECK THE APPROPRIATE ANSWER:

Was this check processed through the bank twice, with at least seven days between each process?

Note: Account Closed checks only need to be processed once.

YES

NO

ACCOUNT CLOSED

Is there an address, driver's license number, and other identification on the check?

YES

NO

Have you attempted to contact the offender by letter or by phone?

YES

NO

Is this check less than six months old?

YES

NO

We can only process complaints if all of the above conditions have been met. Once a complaint form is filed, please do not accept any money from the offender. Should the offender try to pay you at your place of business, direct them to our office.

Date: _____

Signature: _____

Printed Name: _____

Please mail or email a copy of the check with this form to:

Address:

Jackson County State's Attorney's Office
Attn: Michelle Johnson
1001 Walnut Street Courthouse 3rd Floor
Murphysboro, IL 62966

E-mail:

statesattorney@jacksoncounty-il.gov