

## **Application for Worthless Check Process**

**Name of Defendant**  
(worthless check writer)      First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Driver's License # & State** \_\_\_\_\_

**Race/Sex/Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Employer** \_\_\_\_\_  
.....

**Name of Business or Person** \_\_\_\_\_

**Federal Taxpayer ID #** \_\_\_\_\_ **or Social Security #** \_\_\_\_\_

**Contact Person** \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_  
.....

**Check Delivered to** \_\_\_\_\_

**Check Made Payable to** \_\_\_\_\_

**Bank Check Drawn Upon** \_\_\_\_\_ **City of Bank** \_\_\_\_\_

**Check Number/Date of Check** \_\_\_\_\_ / \_\_\_\_\_

**Check Amount**      \$ \_\_\_\_\_

**Processing Fee**      **\$25.00**      (amount allowable by law for merchant/check recipient to charge)

**Bank Fee**      \$ \_\_\_\_\_ (amount bank charged merchant/check recipient for returned check)

I request that the above captioned check be placed in the ***Conflict Resolution Center's Worthless Check Program***. I understand that by placing this matter in the Worthless Check Program, I agree to refer the maker of this check to the Program and to accept payment on this check only through the ***Conflict Resolution Center***.

### **For Conflict Resolution Center and Magistrate Use Only**

#### **Conflict Resolution Center**

This the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Acceptor

*The Conflict Resolution Center   P.O. Box 1222   218-A Main Avenue East   Hildebran, NC 28637   828-397-2566*

Sworn and Subscribed Before Me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Magistrate