

**AFFIDAVIT OF PROSECUTING WITNESS  
(BAD CHECK COMPLAINT & INFORMATION)**

STATE OF MISSOURI            )  
COUNTY OF LINCOLN        )

Comes now the undersigned and being first duly sworn states that the following facts are true:

**MERCHANT**

Name of business or person defrauded: \_\_\_\_\_

Address \_\_\_\_\_, City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Date check received \_\_\_\_\_

Check refused because of (insufficient funds) (account closed) (no account)

Name of person who actually accepted check \_\_\_\_\_

Address \_\_\_\_\_, City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Can he/she positively identify check writer? YES \_\_\_ NO \_\_\_

Was check postdated? \_\_\_\_\_ Was partial payment accepted? \_\_\_\_\_

Was the check received by mail? \_\_\_\_\_ Was there any agreement between the parties to hold this check? \_\_\_\_\_ Was the check passed in Lincoln County? \_\_\_\_\_

**CHECK WRITER**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_, City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Drivers Lic# \_\_\_\_\_ State \_\_\_\_\_

SS# \_\_\_\_\_ Place of Employment \_\_\_\_\_

Employer's address \_\_\_\_\_

Amount of check(s) \_\_\_\_\_ Merchant fees \_\_\_\_\_

Information regarding checkwriter M \_\_\_ F \_\_\_ Race \_\_\_\_\_

Physical description height, weight, hair color, etc.) \_\_\_\_\_

Additional information regarding location of check writer \_\_\_\_\_

If prosecution is necessary, I will appear as a witness. If maker attempts to pay the check to us, we will immediately notify the Prosecutor's office and request instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Complainant

My commission expires:

\_\_\_\_\_  
Notary Public