

**REPORT OF WORTHLESS CHECK
(BY THE PERSON MAKING THE REPORT--MANAGER, OWNER, BOOKKEEPER)**

1. **NAME OF BUSINESS:** _____
2. **ADDRESS:** _____
3. **NAME OF PERSON MAKING THE REPORT:** _____
TITLE: _____ **PHONE NO.** _____
- CHECK WRITER INFORMATION:**
NAME: _____ **NAME OF BANK:** _____
ADDRESS FURNISHED BY CHECK WRITER: _____
_____ **CITY:** _____ **STATE:** _____
DL #: _____ **STATE:** _____ **SOC. SEC. NO.:** _____
DATE OF BIRTH: _____ **PHONE #:** _____
RACE: _____ **SEX:** _____ **ANY OTHER INFORMATION WHICH MIGHT ASSIST LAW ENFORCEMENT IN LOCATING THIS PERSON:** _____
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4. **WAS THE CHECK MARKED: INSUFFICIENT FUNDS?** YES NO
CLOSED ACCOUNT? YES NO
NSF? YES NO
5. **IF THE CHECK WAS MARKED NSF OR INSUFFICIENT FUNDS, WAS THE CHECK PROCESSED THROUGH THE BANK TWICE?** YES NO
6. **WAS NOTICE GIVEN TO THE CHECK WRITER IN PERSON?** YES NO
7. **WAS A CERTIFIED LETTER SENT TO THE ADDRESS OF THE CHECK WRITER AS SHOWN ON THE CHECK AT LEAST TEN (10) DAYS PRIOR TO THE FILING OF THIS REPORT?** YES NO
(IF YES, ATTACH THE RECEIPT FOR CERTIFIED MAIL, THE RETURN RECEIPT CARD, OR THE RETURNED LETTER, IF THERE IS ONE, AND A COPY OF THE LETTER SENT.)
WHO SENT THE CERTIFIED LETTER? _____
ADDRESS: _____
8. **HAS THE CHECK WRITER WRITTEN OTHER WORTHLESS CHECKS OF WHICH YOU ARE AWARE, WHICH ARE CURRENTLY UNFILED OR HAVE BEEN PAID IN FULL IN THE PAST?** YES NO
IF YES, EXPLAIN: _____
9. **HAS THE CHECK WRITER ATTEMPTED TO MAKE RESTITUTION, OR ARE THERE OTHER MITIGATING FACTORS?** _____

**SIGNATURE OF INDIVIDUAL
MAKING REPORT**

DATE