

WORTHLESS CHECK WITNESS FORM

PERSON WHO ACCEPTED THE CHECK:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

PERSON WHO AUTHORIZED ACCEPTANCE OF THE CHECK:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

PERSON WHO SENT THE 15-DAY LETTER -

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

CUSTODIAN OF THE RECORDS (IF VICTIM A BUSINESS):

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

OTHER WITNESS:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

OTHER WITNESS:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____