

REQUEST FOR CRIMINAL PROSECUTION OF CHECKS
(Fill in ALL blanks)

Merchant's Name: _____
Address: _____
Phone #: _____

Checkwriter: _____
Address: _____

DATE OF CHECK #1: _____	DATE OF CHECK #4: _____	DATE OF CHECK #7: _____
AMOUNT OF CHECK: _____	AMOUNT OF CHECK: _____	AMOUNT OF CHECK: _____
DATE OF CHECK #2: _____	DATE OF CHECK #5: _____	DATE OF CHECK #8: _____
AMOUNT OF CHECK: _____	AMOUNT OF CHECK: _____	AMOUNT OF CHECK: _____
DATE OF CHECK #3: _____	DATE OF CHECK #6: _____	DATE OF CHECK #9: _____
AMOUNT OF CHECK: _____	AMOUNT OF CHECK: _____	AMOUNT OF CHECK: _____

NAME OF PERSON WHO TOOK CHECK: _____ CAN PERSON WHO TOOK CHECK IDENTIFY CHECK PASSER? YES NO
(Necessary for prosecution of Insufficient Fund Check) (Necessary for prosecution of Insufficient Fund Checks)

*IDENTIFICATION USED BY PASSER: _____
Driver's License SSN Date of Birth Other

(Necessary for prosecution of Insufficient Funds Check to be sent to Court)

WAS CHECK PRESENTED IN PHELPS COUNTY?	YES	NO
WAS CHECK USED TO PAY A CHARGE ACCOUNT?	YES	NO
DID YOU AGREE TO HOLD CHECK? WAS IT POST DATED?	YES	NO
WAS CHECK WRITTEN IN PRESENCE OF PERSON WHO TOOK CHECK?	YES	NO
HOW MANY TIMES HAVE YOU CONTACTED THE CHECK WRITER REGARDING THE CHECK?	_____	
DATE(S) CONTACTED:	_____	
HAVE ANY PAYMENTS BEEN MADE TO YOU ON THIS CHECK?	NO	YES/AMOUNT \$ _____

STATE OF NEBRASKA)
)ss.
COUNTY OF PHELPS)

The undersigned states that he/she hereby authorizes the County Attorney to institute criminal action against the check writer and further states that he/she has filled out this Complaint; that the facts contained herein are true; and the he/she is willing to testify in Court to the above facts and under oath.

Complainant (Merchant/Representative Sign Here)

Subscribed and sworn to on _____, 20____.

(SEAL)

Notary Public

****DO NOT ACCEPT PAYMENT OF CHECK AFTER TURNED OVER TO THIS OFFICE FOR PROSECUTION. DIRECT ALL PAYMENTS TO THE COUNTY ATTORNEY'S OFFICE.****