

# 7<sup>th</sup> Circuit Solicitor's Worthless Check Unit



Case number

Cherokee County Law Enforcement Center  
312 East Frederick Street  
Gaffney, SC 29340  
Phone (864) 487-6215  
Fax (864) 902-1107

## Victim/Vendor Worksheet

Spartanburg County Courthouse  
180 Magnolia Street  
Spartanburg, SC 29306  
Phone (864) 596-2233  
Fax (864) 596-2386

Please Print or Type

1. Identification and Address information obtained at time check was accepted:

Offender's Name: \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phones: \_\_\_\_\_

ID or DL#: \_\_\_\_\_ STATE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Who checked ID and witnessed the signature? \_\_\_\_\_

3. Who approved accepting the check? \_\_\_\_\_

4. Who can personally identify the Offender? \_\_\_\_\_

5. Check was accepted in exchange for: \_\_\_\_\_

Was the check received in Cherokee County? **Circle One** YES NO Unknown

6. Date the check was accepted: \_\_\_\_\_ Date check deposited: \_\_\_\_\_

7. Bank and Branch where deposited \_\_\_\_\_

Reason check returned:  Insufficient funds  Account closed  Stop payment

8. Has Offender previously given you a bad check? **Circle One** YES NO Unknown

9. Was there any sort of agreement or understanding to hold or not immediately deposit the check? YES NO

10. Did you have any suspicion or reason to believe the check was worthless? YES NO

If you answered questions 9 or 10 YES, your only option is a collection agency. The Solicitor's Office will not be able to help you. Do not send the check to us. **Otherwise, attach the ORIGINAL CHECK and copies, if any, of the sales receipt, bank deposit slip, picture of the Offender, and any other documents.**

I understand that if any of the responses given above are untrue, or if I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91<sup>00</sup>.

You - or acting as an agent of the business - by your signature, indicate you understand this agreement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Do not accept payment (or partial payment) from the checkwriter once this check is turned over to the Solicitor's Office. If a full or partial payment is received, I understand that I may be liable. If it is determined that an agreement to hold the check existed prior to depositing the check, I accept full responsibility for the payment of the check and all applicable fees.**  
Please initial \_\_\_\_\_

Staple Check Here