

7th Circuit Solicitor's Worthless Check Unit

NP

Case number

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



Victim/Vendor Worksheet

Cherokee County Courthouse
125 E. Floyd Baker Blvd.
Gaffney, SC 29340
Phone (864) 487-6215
Fax (864) 902-1107

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:

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

Reason check returned: Not Sufficient Funds Closed Account Stop Payment

7. Bank where check was deposited:

8. Was the check received/accepted in Spartanburg County? Circle One YES NO Unknown

9. Has Offender previously given you a bad check? YES NO Unknown

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

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

12. Was the check post-dated? YES NO

13. Have you accepted any payment on this check? YES NO

Attach the legal copy of the returned check and copies, if any, of the sales receipt, bank deposit slip, picture of the Offender, and any other documents.

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

SIGNATURE: DATE:

PRINT NAME: COMPANY:

ADDRESS: CITY, STATE, ZIP:

PHONE: ALTERNATE PHONE:

FAX: EMAIL:

By law, you cannot accept any payment on a check and still present this check to the Solicitor's Worthless Check Unit. If you accept payment after turning the check over to the Solicitor's Worthless Check Unit, you will be liable for fees totaling at least \$91.00. 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 fees totaling at least \$91.00.

Please initial

Staple Original Legal Copy of Returned Check