STATE'S ATTORNEY FOR CHARLES COUNTY
BAD CHECK UNIT
P. O. BOX 3065
LA PLATA, MARYLAND 20646

Please fill out this form completely and attach a clear photocopy of the front and back of the check(s) that have been stamped by returning bank.

****Questions, please call 301-932-3391 or 301-932-3305****

VICTIM/MERCHANT INFORMATION

Trade/Business Name: _____

Corporate/Owner Name: _____

Address: _____

_____

Telephone Number(s): _____
_____

Contact Person: _____

PERSON WHO PRESENTED CHECK INFORMATION

Name: _____

Address: _____

_____

Telephone Number(s): _____
_____

Driver's License #: _____

DOB: ___/___/___ Ht.: ____ Wt.: ____ Sex: ____ Race: ____

1. Why was the check returned? ☐ Insufficient Funds ☐ Stop Payment ☐ Account Closed ☐ Other
2. Amount of check(s): _____ Check #(s): _____ Bank & Account #: _____
3. What goods and/or services were exchanged for the bad check? _____
_____
4. Where did transaction(s) occur? _____
5. When did transaction(s) occur? _____
6. Person who accepted the check(s): Name _____
Address _____
Telephone #(s) _____
7. If this is a third party check, you **must** provide name, address and phone number of person who signed the check.
Name _____
Address _____
Telephone #(s) _____
8. What attempts have been made to contact the check writer (be specific)?
_____
_____
_____
9. What response, if any, have you had from the check writer?
_____
_____
_____

****Maintain original check(s) and any documentation until requested.****