BALDWIN COUNTY DISTRICT ATTORNEY ROBERT WILTERS WORTHLESS CHECK COMPLAINT FORM

Bay Minette Courthouse 251/937-0274

Fairhope Satellite Courthouse 251/990-4613

Foley Satellite Courthouse 251/943-5061

READ CAREFULLY! I certify that the information furnished below is true and correct to the best of my knowledge, belief and information. I understand that this check is neither part of nor involved in a current CIVIL litigation. I understand that once the case is turned over for prosecution, I must pay a \$30.00 fee if I personally collect or withdraw the check from your office. I understand that I have no further connection with the case except to testify in the event the case is brought to trial.

CHECK WRITER Information	NAME OF CHECK WRITER ADDRESS	
	HOME TELEPHONE WORK TELEPHONE	
	RACE SEX DATE OF BIRTH SOCIAL SECURITY # DRIV	
CHECK Information	CHECK # DATE OF CHECK CHECK AMOUNT WHAT WAS THE CHECK WRITTEN FOR? (CIRCLE ONE):	
	MERCHANDISE CASH S WAS A PARTIAL PAYMENT MADE ON THE CHECK? NAME OF PERSON WHO ACCEPTED CHECK CAN POSITIVE IDENTIFICATION BE MADE?	
VICTIM Information	BUSINESS LOCATION ADDRESS MAILING ADDRESS TELEPHONE NUMBER PERSON WHO WILL SIGN WARRANT (PLEASE PRINT):	
CHECK Verification	Once a report has been filed ALL restitution payments must be coordinated by the District Attorney's Office. Should the check writer contact you to make payment, direct him/her to the Worthless Check Unit. Check Unit Coordinator Affiant	
	Date	 Date