



**TIMOTHY A. LOHMAR**  
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**BAD CHECK REFERRAL FORM**

**VICTIM INFORMATION**

NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_  
street address city state zip

DAYTIME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PERSON ACCEPTING THE CHECK: \_\_\_\_\_ CAN WITNESS IDENTIFY CHECK WRITER BY SIGHT? \_\_\_\_\_

Places of business are required to maintain contact with/current address of witness

WHAT DID CHECK WRITER PURCHASE WITH CHECK? \_\_\_\_\_

**CHECK WRITER INFORMATION**

NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_  
street address city state zip

PHONE: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

WITHOUT A DOB AND SSN/DL# WE MAY NOT BE ABLE TO PROSECUTE THE CHECK WRITER

**CHECK INFORMATION**

<b>STAPLE CHECK HERE</b>	DATE CHECK(S) ACCEPTED: _____	AMOUNT(S) OF CHECK(S): _____
	WHERE WAS THE CHECK GIVEN TO YOU? _____ <small>street address city state zip</small>	
	REASON CHECK WAS RETURNED: ( ) INSUFFICIENT FUNDS ( ) ACCOUNT CLOSED ( ) NO ACCOUNT ( ) OTHER	
	WAS THE CHECK POST-DATED? YES NO	
	WERE YOU ASKED TO HOLD THE CHECK? YES NO	
	IS THIS A PAYROLL CHECK? YES NO	
	WAS PARTIAL PAYMENT ACCEPTED? YES NO	
	If yes, please provide the amount you have accepted: _____	

- I understand that prosecution of checks under \$500 must commence within one year of being passed. Checks within 180 days of that date cannot be accepted. Initials \_\_\_\_\_
- I understand that I must not accept payment from the check writer after filing this statement with the Prosecuting Attorney's Office. Initials \_\_\_\_\_

I CERTIFY THAT THE FOREGOING FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT ANY FALSE STATEMENTS MADE CAN BE PUNISHED BY LAW.

\_\_\_\_\_  
signature date

IN ORDER TO PROSECUTE, THE PERSON WHO ACCEPTED THE CHECK MUST FILL OUT AND ATTACH A PROBABLE CAUSE STATEMENT AND THE ORIGINAL RETURNED CHECK/CERTIFIED CHECK COPY FROM THE BANK.

## PROBABLE CAUSE STATEMENT

I, \_\_\_\_\_ [*person filling out form*], state that the facts contained herein are true to my best knowledge and belief and that any false statements made are punishable by law. I have probable cause to believe that:

On or about \_\_\_\_\_ [*date on check*], in Saint Charles County, Missouri,  
\_\_\_\_\_ [*person who signed check*] passed check number \_\_\_\_\_,  
drawn on \_\_\_\_\_ [*name of bank*],  
payable to \_\_\_\_\_ [*entity to which check was written*],  
in the amount(s) of \$ \_\_\_\_\_ [*amount on check*]. Said check was returned by the bank,  
marked \_\_\_\_\_ [*reason for non-payment*], and has not been  
paid in full at this time.

\_\_\_\_\_  
Printed Name of Person Filling Out Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Filling Out Form