APPLICATION FOR WORTHLESS CHECK PROCESS

Name of Defendant (Check Passer) _____

(First) *(Middle)* *(Last)*

Social Security Number (If Known) _____

Race/ Sex/ Date of Birth _____ / _____ / _____

Drivers License Number & State _____

Address _____

_____

Telephone Number _____

****

Name of Business _____

Taxpayer ID Number _____

Name of Affiant _____

(First) *(Middle)* *(Last)*

Address _____

_____

Telephone Number _____

****

Check Delivered/ Made Payable to _____

Bank Check Drawn Upon _____

City of Bank _____

Amount of Check _____

Date of Check _____