

# WICHITA COUNTY DISTRICT ATTORNEY'S OFFICE

## CHECK FRAUD INFORMATION

Please Print or Type – FILL IN COMPLETELY

Signer of Check: Mr./Mrs: \_\_\_\_\_

Signer's Driver's License # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_

Signer's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Signer: Sex: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_

Your Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SPECIFIC REASON CHECK WAS GIVEN FOR:

\_\_\_\_\_

Person who took check from maker (Please ***Print or Type***):

\_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Was this a postdated or hold check? Yes  No

Narrative of any special circumstances, including collection agency information	Date:	Checks:
		\$
		\$
		\$
		\$
		\$
	Total	\$

I understand that this check is being presented to the District Attorney's Office for prosecution, and I will do whatever necessary for further prosecution of this check. I will **NOT** accept any payment thereon from any individual or person including the Accused, without the prior consent of said office. I certify that the above information is true and correct.

Affiant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_