

IOWA COUNTY WORTHLESS CHECK WORKSHEET

The following form must be completely filled out for checks submitted to the Iowa County District Attorney's Office by the complainant receiving the check (whether individual, partnership, company, corporation, etc.) or his/her authorized agent.

Person who issued check(s): _____

Check No. _____ Dated: _____ Amount \$ _____ Clerk: _____

Check No. _____ Dated: _____ Amount \$ _____ Clerk: _____

Check No. _____ Dated: _____ Amount \$ _____ Clerk: _____

The undersigned advises, for each check outlined above, the following conditions apply:

1. Check was a simultaneous exchange for goods and/or service in Iowa County.
2. The check issuer did not ask for the check to be held for any length of time.
3. The check issuer was notified in writing of the worthless check.
4. Issuer's date of birth is _____ or their driver's license number is _____.
5. The value of the worthless check is in excess of \$20.00 or is accompanying a check that is.
6. Attached is the *original* check, copy of letter mailed to issuer of worthless check and receipts of additional expenses incurred (e.g. bank fees, postal fees, etc.)

It is understood and agreed that the check here attached is being presented for criminal action to the District Attorney and not for collection. The undersigned, its agents and employees will cooperate in the prosecution of the crime herein and will not request that the complaint on this check be dismissed, **and will not accept payment on the check without the consent and approval of the District Attorney's Office.** The facts are herein certified as being true by the undersigned.

I know that as a victim of a crime, I have numerous rights (see reverse side). I am requesting that the District Attorney's Office and/or Victim/Witness Office notify me:

_____ Only of the final outcome of the case and request that the Judge order the defendant to pay restitution.

_____ I want to be notified of all my rights and get notice of all hearings and request that the Judge order the defendant to pay restitution.

If you do not check one of the above, we will only provide notification of disposition and will request your restitution.

Dated: _____

(Name of Complainant)

(Business Name)

(Title: Manager, bookkeeper, etc.)

(Mailing address)

(City, State ZIP)

(Phone number)

Venue: City, Town, Village (circle one)