

# WORTHLESS OR FORGED DOCUMENT INFORMATION SHEET

Complaint #	_____
File Class:	_____
Date:	_____

## COMPLAINT INFORMATION (person reporting to police):

Name \_\_\_\_\_ DOB \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Mailing and physical address; if both apply.)

Phone: \_\_\_\_\_

## VICTIM INFORMATION (person/business check is written to):

Name \_\_\_\_\_ C/O \_\_\_\_\_  
(If a business; name of business.) (Owner of business or manager.)

Address: \_\_\_\_\_  
(Mailing and physical address; if both apply.)

Phone: \_\_\_\_\_

## PERSON ACCEPTING THE CHECK

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Mailing and physical address; if both apply.)

Phone: \_\_\_\_\_

## SUSPECT INFORMATION (person writing check)

Name \_\_\_\_\_ DOB \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Mailing and physical address; if both apply.)

Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**DATE CHECK RECEIVED:** \_\_\_\_\_ **TIME RECEIVED:** \_\_\_\_\_

Was the check marked by recipient (i.e.: initials)?	Yes	No
Can recipient identify suspect?	Yes	No
Was picture identification produced?	Yes	No
Type of identification and identification number:	_____ / _____	
Check Number:	_____	

## 5-DAY NOTICE

Date notice was sent: \_\_\_\_\_ Date receipt signed from Post Office: \_\_\_\_\_  
Who sent the notice: \_\_\_\_\_ Who signed for the 5-day notice: \_\_\_\_\_  
Bank/Credit Union drawn upon: \_\_\_\_\_ Reason check returned: \_\_\_\_\_  
Passed by or name used: \_\_\_\_\_ Made payable to: \_\_\_\_\_