

IN THE CIRCUIT COURT OF MONITEAU COUNTY, MISSOURI
ASSOCIATE CIRCUIT JUDGE DIVISION

BAD CHECK COMPLAINT

The undersigned does certify to the following information:

1. Name and street address of the person who passed check: _____

2. Name and address of the business/person to whom check was written: _____

3. Name and address of the person who received check: _____

4. The person who received the check can positively identify the person who passed the check.
5. The check was dated and received _____, drawn on (name of bank) _____, in the amount of \$ _____, and payable to _____. The check was returned for:
 Insufficient Funds Account Closed Forgery Other _____.
6. The check was passed in Moniteau County, Missouri. It was accepted as cash. It was not postdated and there was no agreement to hold the check. The social security number and/or date of birth of the person who passed the check is: SSN: _____
DOB: _____.
7. The check has not been transferred to a collection agency or other third party for collection.

The undersigned affirms that the above facts are true, acknowledges this complaint will be relied upon by law enforcement authorities, the Prosecuting Attorney and the Courts in the performance of their public duty, and acknowledges that the making of a false statement herein is a criminal offense punishable by fine and imprisonment.

Dated: _____

_____, Complainant
(signature)

(print name) (phone no.)

Address