

**MARQUETTE COUNTY DISTRICT ATTORNEY  
WORTHLESS CHECK INFORMATION SHEET**

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The following form must be **completely filled out** for each check submitted to the District Attorney's Office. The person, firm or corporation who received and now owns the unpaid check is known as a complainant. This form must be signed by the complainant if an individual or by an authorized agent of a business or corporation. Please submit the form to our office by mail, fax or email.

Complainant's Name and Title \_\_\_\_\_

Address of Complainant \_\_\_\_\_

Name and address of business \_\_\_\_\_

Phone \_\_\_\_\_ Business location (i.e., city of, township of, etc.) \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Who accepted the check \_\_\_\_\_ Title \_\_\_\_\_

Can the above identify the passer: yes / no Will you prosecute: yes / no

Did person accepting the check compare a photo I.D. or Driver's License from passer yes / no

Write yes if any are applicable \_\_\_\_\_ postdated check, \_\_\_\_\_ rent check,  
\_\_\_\_\_ agree to hold check, \_\_\_\_\_ third party check, \_\_\_\_\_ payment on past due account  
\_\_\_\_\_ check for past consideration

Reason check was returned (i.e. NSF, Account Closed) \_\_\_\_\_

What did the passer receive for the check (i.e., merchandise, cash, services) \_\_\_\_\_

Was 5 day letter sent \_\_\_\_\_, When \_\_\_\_\_, What was result \_\_\_\_\_

Name and address of passer \_\_\_\_\_

Date of birth \_\_\_\_\_ Driver's license number \_\_\_\_\_ DL State \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Amount of check \_\_\_\_\_ Date of check \_\_\_\_\_ Check No. \_\_\_\_\_

NO CHECK WILL BE ACCEPTED UNLESS THERE IS A COPY OF AT LEAST ONE LETTER NOTIFYING THE PERSON ISSUING THE CHECK OF ITS RETURN BY THE BANK UNPAID. THE LETTER SHOULD HAVE BEEN SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

ATTACH CHECK TO THIS FORM. IT IS UNDERSTOOD THAT THE ATTACHED CHECK IS BEING PRESENTED FOR CRIMINAL PROSECUTION TO THE DISTRICT ATTORNEY AND NOT FOR COLLECTION. THE UNDERSIGNED AND THE UNDERSIGNED'S AGENT AND EMPLOYEES WILL COOPERATE IN THE PROSECUTION OF THE CRIME HEREIN. AND WILL NOT REQUEST THAT THE COMPLAINT ON THIS CHECK BE DISMISSED, NOR WILL THEY **ACCEPT PAYMENT** ON THE CHECK WITHOUT NOTIFICATION VIA FAX OR E-MAIL OF THE RESTITUTION RELEASE TO THE DISTRICT ATTORNEY'S OFFICE.

The above facts are certified to be true and accurate by the undersigned.

Date \_\_\_\_\_ Firm Name \_\_\_\_\_ Signature \_\_\_\_\_