23rd Judicial District Attorney’s Office
Parishes of Ascension, Assumption and St. James
Worthless Check Complaint Form
EACH CHECK you wish to refer to the DA Check Section MUST HAVE ITS OWN FORM

PARISH INFORMATION
Choose the Parish in which the check was WRITTEN
☐ Ascension  ☐ Assumption  ☐ St. James

MERCHANT/VICTIM INFORMATION
Company Name:
Contact Person:
Mailing Address: Phone #:
City/State/Zip:

WITNESS INFORMATION
Name of Person ACCEPTING CHECK:
Personal Physical Address:
Personal Phone #: Business Phone #:
Can person accepting check identify the passer: ☐ YES  ☐ NO
Was check prepared in the presence of person accepting check: ☐ YES  ☐ NO

CHECK INFORMATION
Check #: Amount: Check Date:
Date Passed:
Bank Name:
Bank Address:
Return Reason: ☐ NSF  ☐ ACCOUNT CLOSED
Check Issued for:
Other:

PERSON PASSING CHECK
Name: Phone #:
Physical Address:
Mailing Address (if different):
Driver’s License #:
Date of Birth: Sex: Race:

CERTIFIED LETTER
A 10-day notification must be sent by Certified Mail prior to forwarding to the DA Check Section. A copy of the notification along with the ORIGINAL certified “Green Card” or “Returned Envelope” and the ORIGINAL check must be attached.

I, ________________________________, as a representative for ________________________________, hereby request that the District Attorney’s Office initiate action to collect the above described check and further state that the District Attorney will prosecute the person who passed said check if in the sole descretion of the District Attorney’s Office such criminal proceedings become necessary. I understand that once a check has been filed with the District Attorney, payment cannot be accepted by me or the firm from the person passing the check or I will be responsible for DA Fees.

Complainant Signature: ___________________________ Date: _______________