

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 <u>WRITTEN</u>		
<input type="checkbox"/> Ascension	<input type="checkbox"/> Assumption	<input type="checkbox"/> St. James

MERCHANT/VICTIM INFORMATION

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

WITNESS INFORMATION

Name of Person <u>ACCEPTING CHECK</u> :	
Personal Physical Address:	
Personal Phone #:	Business Phone #:
Can person accepting check identify the passer: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was check prepared in the presence of person accepting check: <input type="checkbox"/> YES <input type="checkbox"/> NO	

CHECK INFORMATION

Check #:	Amount:	Check Date:
Date Passed:		
Bank Name:		
Bank Address:		
Return Reason: <input type="checkbox"/> NSF <input type="checkbox"/> 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: _____