

**LANCASTER COUNTY ATTORNEY'S OFFICE
REQUEST FOR CRIMINAL PROSECUTION FOR BAD CHECKS**

Please read reverse side before completion form

1. Name of business or person turning in check(s) _____
2. Business address _____ City/State _____ Zip _____ Phone _____
3. Name of person completing form _____ Position _____
4. Name of person who wrote check(s) _____
Address _____ City _____ Zip _____ Phone _____
Employer _____ Address _____ Phone _____
5. Person who passed check if different from #4 _____

check amount	check number	date take	person who took check
1. _____	_____	_____	_____
2. _____	_____	_____	_____

6. Can person who took check identify check passer in court?
Check # 1 Yes () No () ? ()
Check # 2 Yes () No () ? ()
7. Was check written in presence of person who took check?
Check # 1 Yes () No () ? ()
Check # 2 Yes () No () ? ()
8. Was check written and/or passed in Lancaster County?
Check # 1 Yes () No () ? ()
Check # 2 Yes () No () ? ()
9. What was obtained for check (merchandise, cash, etc.)? _____
10. Did person ask that any of these checks be held or post-dated? Yes () No ()
If yes, which one(s)? _____
11. Were any of these checks given in payment of account? Yes () No ()
If yes, which one(s)? _____
12. Was identification obtained from check writer at the time check was written? Yes () No ()
Driver's license/state of check writer _____ Other ID _____
13. Was written notice sent to check writer? Yes () No () Date(s) sent ____ / ____ / ____
Was notice returned? Yes () No () Response _____
14. List dated of any other contact, by phone or in person, with check passer _____

15. Any other information of value _____

Staple Check(s) Here

Statutory Fee - \$10 per check as of 9/1/1987

The undersigned has read this form and agrees to the conditions set forth thereon; and further, states that he or she has filled out this complaint; that the above statements are true; and that he or she will testify in Court under oath to these statements.

MAIL TO: Community Corrections, Diversion Services, 605 S. 10th St., Lincoln, NE 68508, (402) 441-3600.

Signature: _____ **Date:** ____ / ____ / ____