STATE OF KANSAS

Tenth Judicial District

OFFICE OF DISTRICT ATTORNEY

STEPHEN M. HOWE, DISTRICT ATTORNEY

WORTHLESS CHECK DIVISION

Dear Business:

Thank you for contacting the Johnson County District Attorney’s Bad Check Division. This division investigates and prosecutes worthless check offenses committed within Johnson County, Kansas. Please note that that not all bad check cases will constitute violations for which we may take action. Some examples of cases outside of our jurisdiction include stop payment checks and instances where the check passer is unidentifiable. Cases of forged checks or accounts not found should be reported to your local police department.

If you believe you have been a victim of a worthless check, please complete and return the enclosed form as soon as possible. In addition to completing the form, you must provide the following:

(1) An original bank copy of the check. Some banks do not keep the original but can provide you a certified copy.

(2) Any video surveillance or still photos you have captured related to the worthless check transaction.

(3) The names and contact information for any individuals/employees who interacted with the check writer and/or who you believe can identify the check writer.

*Failure to provide a complete offense report and thorough supporting documentation will delay our review and may result in closure of your file without investigation.*

Please do not have any contact with or accept payment from the bad check writer after you have submitted your report to our office. If you have additional information to provide, you are welcome to mail it to our attention at the address below.

Thank you for your cooperation. We will advise you of our determination as quickly as possible.

Sincerely,

Worthless Check Division

Enclosure

**Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Johnson County Kansas District Attorney’s Office**

**Worthless Checks – Offense Report**

**Office number: (913)715-3083**

**PLEASE ANSWER THE FOLLOWING QUESTIONS • PRINT ALL INFORMATION IN DARK INK • SIGN BELOW**

Was check post-dated at time of acceptance? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No

Does this matter involve a two-party check? \_\_\_\_\_\_Yes \_\_\_\_\_ No

Were you asked to hold the check? \_\_\_\_\_\_Yes \_\_\_\_\_ No \_\_\_\_\_\_Yes \_\_\_\_\_\_ No

Where was the check passed?

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Party Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) check(s) were passed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time of transaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM PM

Name of the person(s) who accepted the check(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_

Can you identify the person who signed the check? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Was the person who passed the check the same person who signed the check? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Was the check signed in your presence? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Was the check made out before you saw it? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Name any witnesses to the passing of the check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the bad check writer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ White: \_\_\_\_Black: \_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Height: \_\_\_\_\_\_Weight: \_\_\_\_\_\_Hair: \_\_\_\_\_\_\_\_Eyes: \_\_\_\_\_\_\_\_ Vehicle Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Peculiar marks or traits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any further information concerning the passer of the check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What property/service was obtained with check(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If video surveillance is available, please include with packet. Please include details of the transaction, if available.***

**THE UNDERSIGNED STATES HE/SHE HAS ACTUAL KNOWLEDGE OF THE FACTS SET OUT ABOVE AND WILL,**

**IF NECESSARY, BE A WITNESS IN COURT TO THE SAME.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Party Signature Date**

\*please attach additional pages as necessary