

REQUEST FOR PROSECUTION FOR DECEPTIVE PRACTICES

Please print your answers to the following questions and make your answers as accurate as possible. (All questions must be answered before request will be considered):

Business Name: \_\_\_\_\_.

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Name: \_\_\_\_\_.

Check Written By: \_\_\_\_\_.

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Check: \_\_\_\_\_ Amount: \_\_\_\_\_

Bank Service Charge, if any: \_\_\_\_\_

Payee: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Check: \_\_\_\_\_ Check No: \_\_\_\_\_

Account No.: \_\_\_\_\_

ID Used: 1) \_\_\_\_\_ .

2) \_\_\_\_\_

Reason for Return: \*NSF \_\_\_\_\_ NA \_\_\_\_\_ AC \_\_\_\_\_ Forgery

\*Dates presented/returned by bank (at least 7 days apart):

Person Who Took Check: \_\_\_\_\_

Would the person taking the check be able to identify the writer if seen again? \_\_\_\_\_

Service, product or merchandise received: \_\_\_\_\_

Attempted contacts with writer since date check returned (How, date, by whom): \_\_\_\_\_

Statements made by writer to you since check returned (when, what, to whom): \_\_\_\_\_

Under the penalties of perjury and as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned states that the above information is true and correct to the best of his knowledge. The undersigned understands that, should the check writer be prosecuted by the State's Attorney, criminal sanctions will be sought. Furthermore, the undersigned agrees that he or she will fully cooperate with the State's Attorney in the prosecution of this case, including appearing and testifying in Court should that be necessary.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

To be completed by State's Attorney's Office

DATE Received by State's Attorney's Office \_\_\_\_\_ by

Our office:

( ) Will accept the above check for prosecution. We will be filing charges and a Warrant of Arrest will be issued.

NOTE: UPON RECEIPT OF THIS NOTICE IT IS YOUR RESPONSIBILITY TO CHECK YOUR RECORDS TO SEE IF THE ABOVE CHECK HAS BEEN PAID. IF YOU HAVE RECEIVED PAYMENT, CONTACT OUR OFFICE IMMEDIATELY.

( ) Will not accept prosecution of this check for the following reason:

Date: \_\_\_\_\_

\_\_\_\_\_  
State's Attorney