

**MADISON COUNTY SHERIFF'S OFFICE**  
**BAD CHECK COMPLAINT**  
**CASE #: \_\_\_\_\_**

Check Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Check Issued Payable To: \_\_\_\_\_ Amount: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The facts constituting the offense are:

That the suspect issued or delivered a check or other order upon a real or fictitious depository for the payment of money for services / products / cash, knowing that it would not be paid by the depository. Said check(s) was returned to the complainant marked:  Insufficient Funds  
 Account Closed  No Account  Other; \_\_\_\_\_.

I, the undersigned holder of the check above referred to, do hereby certify that I sent a notice to the addressee named in said notice, at the address there shown, through the United States Postal Service on \_\_\_\_\_, 20\_\_\_\_. I further certify that I am the holder and owner of said check and that I have not received payment on said check or any part thereof.

I request initiation of prosecution of the suspect for any crime that he/she may have committed and not for the purpose of enforcing collection of the debt. I understand that I am instituting a criminal proceeding in turning said check over for prosecution and that such proceeding is not intended to result in obtaining payment for said check.

Done and dated \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Complainant

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**SUSPECT IDENTIFICATION**

Suspect's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Other Identifying Characteristics: \_\_\_\_\_

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**Supporting documents attached:**

- Original Canceled Check
- Return Receipt/Unclaimed Certified Letter
- Copy of Five Day Demand Notice
- Statements of Circumstances Surrounding Transaction