BALDWIN COUNTY DISTRICT ATTORNEY
HALLIE S. DIXON
WORTHLESS CHECK COMPLAINT FORM

Bay Minette Courthouse	Fairhope Satellite Courthouse	Foley Satellite Courthouse
251/937-0274	251/990-4613	251/943-5061

READ CAREFULLY! I certify that the information furnished below is true and correct to the best of my knowledge, belief and information. I understand that this check is neither part of nor involved in a current CIVIL litigation. I understand that once the case is turned over for prosecution, I must pay a $30.00 fee if I personally collect or withdraw the check from your office. I understand that I have no further connection with the case except to testify in the event the case is brought to trial.

CHECK WRITER *Information*	NAME OF CHECK WRITER _____. ADDRESS _____. HOME TELEPHONE _____ WORK TELEPHONE _____ RACE _____ SEX _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____
CHECK Information	CHECK # _____ DATE OF CHECK _____ CHECK AMOUNT _____ WHAT WAS THE CHECK WRITTEN FOR? (CIRCLE ONE): MERCHANDISE CASH SERVICES RENT WAS A PARTIAL PAYMENT MADE ON THE CHECK? _____ NAME OF PERSON WHO ACCEPTED CHECK _____ CAN POSITIVE IDENTIFICATION BE MADE? _____
VICTIM Information	BUSINESS LOCATION ADDRESS _____. MAILING ADDRESS _____. TELEPHONE NUMBER _____. PERSON WHO WILL SIGN WARRANT (PLEASE PRINT): _____.
CHECK Verification	Once a report has been filed ALL restitution payments must be coordinated by the District Attorney's Office. Should the check writer contact you to make payment, direct him/her to the Worthless Check Unit. _____ _____ Check Unit Coordinator Affiant _____ _____ Date Date