

Clay County State's Attorney
211 West Main, Suite 204
Vermillion, South Dakota 57069
Phone: (605) 677-7107 - Fax: (605) 677-7228

Fraudulent Check Report

1. Where was the check passed?
 - a. Name: _____
 - b. Telephone: _____
 - c. Address: _____

2. Please complete the following: (Check as applicable)

	Yes	No
a. Was the check received on the date indicated on the check?	()	()
b. Was the check postdated?	()	()
c. Was there an agreement to hold the check?	()	()
d. Was the check a two-party check?	()	()

3. Please attach a copy of the notice of dishonor mailed by you or your firm along with the original dishonored check and the receipt of delivery.

4. Person Passing the check:
 - a. Name: _____
 - b. Address: _____

 - c. Employment (if known): _____
 - d. Description (if known): _____

5. Person who accepted the check:
 - a. Name: _____
 - b. Phone (Daytime): _____
 - c. Business Address: _____

 - d. Would the person that accepted the check be able to identify the person passing the check if they saw him/her again? (if known) _____
 - e. Would the person accepting the check be willing to testify in court without a subpoena? _____

6. Check number: _____
 - a. Amount of the check: _____
 - b. Date on the check: _____
 - c. Bank drawn on: _____

7. Reason Check Returned (Circle One): Insufficient funds/ No Account/ Forgery

8. Identification Taken:

a. Driver's license number: _____

b. State: _____

c. Other Identification: _____

9. Please list all promises for payment or other contact with the person passing the check (may attach photos): _____

This is a true statement to the best of my knowledge and belief. I agree not to accept payment on this check without first consulting with the state's attorney.

Dated this ____ day of _____, 20____.

X _____
Signature of Person completing the questionnaire.)

(Title of Person Completing the questionnaire.)

Subscribed and sworn to before me this ____ day of _____, 20____.

(SEAL)

Notary Public, South Dakota
My Commission Expires: