

2nd Circuit Solicitor's Worthless Check Unit

1680 Richland Ave. W.
Suite 80
Aiken, SC 29801



Office:
(803) 648-8637
Fax:
(803) 648-8636

Victim/Vendor Worksheet

Please Print or Type

1. Identification and Address information **obtained at time check was accepted:**

Offender's Name: _____ Sex _____ Race _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: _____ ID or DL#: _____ State: _____

Date of Birth: _____ SSN: _____

2. Date the check was accepted (*Can be different than check date*): _____

3. Date check deposited (*1st deposit date only*): _____

4. Bank where deposited: _____

5. Deposited within 10 Business days? YES NO (*if no, we may not be able to help you*)

6. Check was **received in Aiken County**? YES NO

7. Was there any agreement to hold the check? YES (*if yes, we may not be able to help you*) NO

Staple Check Here

I understand that by signing this form that I attest that there was no agreement to hold the check in question. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91⁰⁰.

By signing this form, I swear that the above is true.

Signature: _____ Date: _____

Print Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

Any additional information you have about the check writer is appreciated.