

**Charleston County**

**Solicitor's Worthless Check Unit**

Ninth Circuit Solicitor's Office  
Worthless Check Unit  
101 Meeting Street, Suite 230  
Charleston, SC 29401



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**Victim/Vendor Worksheet**

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

Offender's Name: \_\_\_\_\_ SEX \_\_\_ RACE \_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ ID or DL#: \_\_\_\_\_ STATE: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

3. Date check deposited (*1<sup>st</sup> deposit date only*): \_\_\_\_\_

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

5. Check was **received in Charleston County**?  YES  NO

6. You or your agent believed that the check was good at the time of receipt?  YES  NO

7. Was the check postdated?  YES  NO Was the check held?  YES  NO

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 \$91<sup>00</sup>.

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

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

Vendor/Victim (Print name): \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone:: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Any additional information you provide about the check writer may be helpful in the collection process.**

**Staple Worthless Check Here**