

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 (*1st 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 \$91⁰⁰.

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