

MARATHON COUNTY DISTRICT ATTORNEY'S OFFICE (715)-261-1111
FORM A – WORTHLESS CHECK STATEMENT (UPDATED 8/2004)

PART ONE:

CHECK WRITER'S NAME & ADDRESS: _____

CHECK NUMBER: _____ CHECK DATE: _____

I, _____, took the above check in trade for present consideration
(name of person taking check)
_____, 20_____, at _____, Marathon County, Wisconsin,
(date check was taken) (town, city of village)
while working in my capacity as _____
(state job title and business)

I identified the person who issued the check by (check one of the below):

- 1) _____ Having him/her present a Wisconsin driver's license and comparing the license with the issuer of the check. The name of the license was the same as the signature on the check. The picture on the license was of the person who issued the check. (If #1 is checked, also check a. or b.)
- _____ (a) I wrote the license number from the driver's license onto the check
- _____ (b) I compared pre-printed driver's license number on the check with the number on the license and they were the same.
- 2) _____ Having him/her present a form of photo identification other than a Wisconsin photo I.D. The I.D. used was _____. I compared the photo I.D. with the check and the issuer of the check. The picture on the I.D. was of the person who issued the check. The name on the photo I.D. was the same as the signature on the check.
- 3) _____ I personally knew the person who issued the check and it was the same person whose signature appears on the check.
- 4) _____ This check was taken in the normal course of business but nothing was done to identify the issuer.

SIGNED: _____

PART TWO:

The above check was returned to (name and address of business) _____
_____ by check writer's bank on _____
(date check was returned to business)

The financial institution represented that the check was:

_____ There were insufficient funds in the account to cover the above check(s).

_____ The account the check was written on was closed.

SIGNED: _____

MARATHON COUNTY DISTRICT ATTORNEY'S OFFICE (715)-261-1111
FORM B – WORTHLESS CHECK

CHECK NUMBER(S) AND AMOUNT: _____

CHECK WRITER'S NAME: _____

DATE OF CHECK(S): _____

YOUR NAME AND TITLE: _____

BUSINESS NAME/ADDRESS & TELEPHONE NUMBER: _____

HAS ANY PARTIAL PAYMENT BEEN MADE ON THE CHECK? YES _____ NO _____

IF YES TO THE ABOVE QUESTION, HOW MUCH? _____

HAS A LETTER BEEN SENT TO THE ISSUER OF THE CHECK? YES _____ NO _____

IF YES TO THE ABOVE QUESTION, IF THE LETTER WAS SENT BY ANY OTHER METHOD OTHER THAN REGULAR MAIL, WHAT WAS THE AMOUNT OF THE MAILING FEE? _____

IF A CERTIFIED RETURN RECEIPT LETTER WAS SENT, ATTACH EITHER THE ENTIRE REFUSED ENVELOPE OR THE CERTIFIED RETURN RECEIPT CARD SHOWING THE CHECK WRITER SIGNED FOR THE LETTER.

NAME OF THE PERSON WHO TOOK THE CHECK: _____

CURRENT ADDRESS & TELEPHONE NUMBER OF THE PERSON WHO TOOK THE CHECK:

FORM C
NOTICE OF RECEIPT OF WORTHLESS CHECK
[FOR NON-SUFFICIENT FUNDS CHECK(S)]
FIVE (5) DAYS TO PAY

TO: _____
(NAME OF PERSON WHO ISSUED THE CHECK)

On _____, you issued check
number _____.

Your financial institution has represented that at the time of issuance there were
not sufficient funds to cover the check.

If the above check is not paid in full within five (5) days from the time you receive
this letter, this matter may be referred to the Marathon County District Attorney's Office
and prosecuted as a crime.

You may call _____ to make
(TELEPHONE NUMBER)
arrangements to pay off the check.

Alternatively, you may come to _____

and pay off the check during business hours.

Sincerely,

(Signature and date)