



CIRCUIT ATTORNEY
CITY OF ST. LOUIS

Gabriel E. Gore
CARNAHAN COURTHOUSE
1114 Market St. Room 401
St. Louis, Missouri 63101
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BAD CHECK COMPLAINT FORM INFORMATION

- We do not accept *Third Party Checks*, or checks marked “*Refer to Maker*” or “*Stop Payment*.” If your check is marked “*Refer to Maker*,” please ask the bank that processed the check to stamp another reason on it. If the check is marked “*Stop Payment*,” please ask for our instruction sheet for pursuing Stop Payment checks.
- We do NOT accept checks when the date of the check is beyond the statute of limitations.
 - Not Sufficient Funds Under \$500: One (1) year from date of check
 - Over \$500 or Account Closed: Three (3) years from date of check
- Please be sure to make two (2) copies, front and back, of the legal copy of the check (one for your records, the other to submit with the original check to our office). ***We will not process a bad check request without the legal copy of the check.***
- You must notify our office if the check writer offers or attempts to pay you directly. Please do not accept a direct payment. This permits the bad check writer to avoid paying for our service on your behalf and affects our ability to keep accurate records. **If you accept payment for a check that has been submitted to this office, you will be responsible for our office fees (up to \$80.00).**
- **If you accept partial payment of the check, you will not be able to proceed with criminal prosecution.**
- Please wait at least 31 business days to contact our office unless the check writer attempts to pay you directly.
- Checks written by out-of-state residents are generally beyond the extradition power accorded to our unit. We will send a preliminary collection letter, but you should otherwise plan collection of these checks through civil measures.
- We require the check writer to remit a money order, cashier’s check, debit card, or online payment for the face value of the check, any service charge incurred by you, and our administrative handling fees. Please call if you have any questions.

Circuit Attorney’s Office
White Collar Crime & Fraud Unit
1114 Market St., Room 758
St. Louis, MO 63101
PHONE: (314) 622-4235

BAD CHECK COMPLAINT FORM

All checks must have been received in the City of St. Louis

PLEASE PRINT

Person who signed check: _____

Last Known Address: _____

Payment Should be Sent to: _____

Check was payable to: _____

Check Amount(s): _____ Service Charge (if applicable): _____

Check Number (s): _____ Date of Check(s): _____

Address at which check was received: _____

Date check was received: _____

What was check for: _____

Why was check returned? () NSF (Insufficient Funds () Account Closed
() No Account () Other *Read 1st page

Did person accepting check agree to hold the check before cashing? () Yes () No

If yes, state reason: _____

Police Station patrolling area where check was received:

() Area I – District 1,2 () Area II – District 3,4 () Area III – District 5,6

Did person accepting check require a photo ID? () Yes () No

Can person who accepted check ID person who signed check? () Yes () No

Have you filed any civil action against the check writer which concerns this check? () Yes () No

Has the person signing the check made payment for any part of it? () Yes () No

Are you aware if the check writer has filed bankruptcy? () Yes () No

Name, address, and daytime phone number of person accepting check: _____

Name, address, and daytime phone number of person bringing check to CAO: _____

Complete this section if you desire your complaint to be considered for direct criminal prosecution by our office. If you are not the person who can identify that person, then mail or fax this completed section within five (5) days of filing the main portion of this complaint. The more information provided below, the greater the likelihood our office may be able to directly prosecute your case. If you wish to directly handle the pursuit of your complaint with the police department after we send out collection letter, you do not need to complete this section.

- 1) Check writer's Name: _____
- 2) Social Security Number: _____
- 3) Driver's License Number: _____
- 4) Date of Birth: _____

I can identify the check-writer: (Please print your name, address, and daytime phone number)

Descriptive information of the check writer:

Height: _____

Weight: _____

Age: _____

Race: _____

Sex: _____

Aliases: _____

Any other specific identifying information: _____

