

13thth Circuit Solicitor's Worthless Check Unit

Mailing Address
305 East North Street
Suite 325
Greenville, SC 29601



You can drop off your
worthless check at the
Solicitor's Office
305 East North Street
864-467-8647

Victim/Vendor Worksheet

GREENVILLE COUNTY

Please Print or Type

1. Identification and Address information obtained at time check was accepted:
PLEASE PROVIDE AT LEAST ONE IDENTIFIER FOR OFFENDER, SUCH AS DOB, SSN OR DRIVER'S LICENSE NUMBER (If not, we may not be able to help you).

Offender's Name: _____ SEX ____ RACE ____
(Name of person who signed check. We cannot prosecute a business.)

Address: _____ City/State/Zip: _____

Phones: _____ ID or DL#: _____ STATE: _____

DOB: _____ SSN: _____

2. Who checked ID and witnessed the signature? _____

3. Who can personally identify the Offender? _____

4. Check was accepted in exchange for: _____

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

6. Date check was accepted: _____ Date check deposited: _____
(Can be different than check date) (1st deposit date only)

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

8. Bank and branch where deposited: _____
Reason check returned: ____ Insufficient funds ____ Account Closed ____ Stop Payment

9. Have you received partial payment for the check? YES - Amount: \$ _____ NO

10. Was there any sort of agreement or understanding to hold or not immediately deposit/cash the check? YES NO

11. Did you have any suspicion or reason to believe the check was worthless? YES NO

If you answered YES to questions 10 and 11, your only option is a collection agency. The Solicitor's Office will not be able to help you. Do not send the check to us. **Otherwise, attach a legal copy (which is the copy your bank provides to you) of the check (front and back) and copies, if any, of the sales receipt/invoice, bank deposit slip, picture of the Offender, and any other documentation you may have.**

I understand that by signing this form, I attest there was no agreement to hold the check in question and that goods, money or services were received in exchange for this check. If it is determined that an agreement to hold the check existed prior to depositing the check, I accept full responsibility for the payment of the check and all applicable fees. I understand that if any of the responses given above are untrue, or if I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91⁰⁰. By your signature, you (or acting as an agent of the business) indicate you understand this agreement.

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.

Do not accept payment (or partial payment) from the check writer once this check is turned over to the Solicitor's Office. If full or partial payment is received, I understand that I may be liable.

Please initial _____

***YOUR SIGNATURE MUST BE NOTARIZED:**

Sworn to before me this _____ day of _____, 20____

Notary Public for South Carolina
My Commission Expires: _____

**Staple Check Here
Front and back copy of check**