

# 13th<sup>th</sup> Circuit Solicitor's Worthless Check Unit

## Mailing Address

214 E. Main Street  
B-220  
Pickens, SC 29671



Victim/Vendor Worksheet

You can drop off your worthless check at the Solicitor's Office  
214 E. Main St., B-220  
864-898-5905

PICKENS 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: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

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 PICKENS County**?  YES  NO

6. Date check was accepted: \_\_\_\_\_ Date check deposited: \_\_\_\_\_  
(Can be different than check date) (1<sup>st</sup> 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 \$91<sup>00</sup>. By your signature, you (or acting as an agent of the business) indicate you understand this agreement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

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 \_\_\_\_\_

Staple Check Here  
Front and back copy of check