

CHECK SUBMISSION FORM

One form should be provided with each check being submitted to the
Nodaway County Prosecutor's Office for prosecution.

Defendant's Name:

Check: (date and amount)

Contact person (merchant or holder of check):

Phone:

Address:

1. Was it a post dated check or written on a date different than when you received it?

- Yes
- No

2. Were you asked to hold the check?

- Yes
- No

3. Did the person say anything that indicated that the check might not clear the bank?

- Yes
- No

4. If you answered "Yes" to any of the foregoing questions, please explain in detail.

5. Where and for what was the check(s) given to you?

6. Has any part of the check been paid?

- Yes; amount
- No

Signature

Print Name

Date