

PROBABLE CAUSE STATEMENT

Date: _____, 20__

I, _____, knowing that false statements made herein are punishable
(Name of person writing statement)

by law, state that I have probable cause to believe that _____;
(Name of person passing check)

_____;
(Date of Birth of person passing check) (Social Security Number of person passing check) : committed one or

More of the following criminal offenses on the _____, at or near
(Date passed check)

_____, Christian County, Missouri:
(Address where check was passed; Note: Has to be in Christian County)

570.120 – Passing an Insufficient or Account Closed Check.

The facts supporting this belief, which are true based upon the information available to me, are as follows:

_____ wrote, made, passed check number _____, drawn
(Name of person passing check)

On _____ made payable to _____
(Bank check written on) (Person or company check was made payable to)

in the amount of \$ _____, in return for services of goods and/or services.

This check was returned from the bank unpaid, marked _____
(Reason the check was not honored by bank)

And has not been paid at this time. _____ personally observed
(Person taking the check)

_____ pass the check and can identify him/her as the person
(Person passing check)

passing the check. Identification of the person passing the check was established by

(Documents used to establish identification such as driver's license, MO ID card, etc.)

This check was not postdated and no agreement was made to hold this check.

_____ (Print name of person submitting statement) _____ (Signature of person submitting statement)

_____ (Date of Birth) _____ (Social Security Number)