

CHRISTIAN COUNTY PROSECUTING ATTORNEY'S OFFICE

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Bad Check Referral Form

Name SSN# OR DL#
SSN# OR DL#
Address
City, State & Zip
Phone ()
SSN DOB / /
red to maintain contact with/current address of witness
tate of Issuance DOB/ /
/ / Amount of Check \$
YES NO
nmence within one year of being passed. In order to allow sufficient time for the investigation within that timeframe, it is best for all checks to be sent to our assed.
initiate criminal prosecution. My sole purpose is to persecute the check writer empleted.
Date
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