

BAD CHECK COMPLAINT FORM
JEFFERSON COUNTY ATTORNEY'S OFFICE
Attorney Work-Product-Confidential

Please fill out the following in its entirety as all information is required. Missing, incorrect or illegible information may delay or halt the process. If you have questions or need assistance, please check our website, or contact us via email or by phone. Please include a **copy**, front and back, of the original bank-stamped returned check. These may be emailed to CAOCS@louisvilleky.gov, faxed 502-574-5366, mailed or brought in person to:

Jefferson County Attorney's Office
600 W. Jefferson Street, Suite 2063
Louisville, KY 40202
ATTN: Bad Checks
Phone: 502-574-6781 FAX 502-574-5366

PLEASE PRINT OR TYPE CLEARLY

DATE

PROSECUTING WITNESS

Business or individual name

Street Address

City

State

Zip

Phone

Prosecuting Witness (Print Name)

CHECK WRITER (Complete information must be given)

First Name

M.I.

Last

D.O.B. mo/day/yr

Street Address (P.O. Box addresses are not acceptable)

Alternate Address

City

State

Zip

Social Security #

Driver's license # including state

Have you made complaints against this check writer previously? _____ **YES** or _____ **NO**

Please indicate if check(s) were for submitted for payment on: _____ **Goods** or _____ **Services**

Please indicate if check(s) were received via mail? _____ **YES** _____ **NO**

COPY OF ID ATTACHED _____ **YES** _____ **NO**

CHECK#

DATE OF CHECK
(mo/day/yr)

AMOUNT OF CHECK

REASON FOR RETURN

1. _____

2. _____

3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

****IF the check is written on a corporate/business/dba account, please attach the business's information from the Secretary of State's website (<https://web.sos.ky.gov/ftsearch/> and follow directions).**