CHECK WRITER'S (SUSPECT) INFORMATION

Suspect's Name: _____ Sex: ____ Race: _____
Last First Middle

Age: ____ or Date of Birth ____/____/____ Height: ____ Weight: _____ Build: _____ Hair: _____ Eyes: _____

Alias/Maiden Name: _____

Current Address: _____
Street Address City State Zip Code

Phone Number: (Home) _____ (Work) _____

Previous Address: _____
Street Address City State Zip Code

Place of Employment: _____

Additional Information: _____

CONTACTS WITH CHECK WRITER

Describe efforts taken to recover money on the worthless check(s). Use additional pages if necessary.

Date of Contact	Type of Contact	Response
	CERTIFIED 5-DAY DEMAND LETTER	

NARRATIVE

Please provide a brief account as to what each check was issued for, how each check was issued and any other details about the check transaction(s). Use additional pages if necessary.

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