APPLICATION FOR CRIMINAL BAD CHECK ARREST WARRANT PLEASE PRINT APPICATION

Ι,	Busine	ess name and agent name Add	lress	Phone		
DO H		Y FILE THIS APPLICATION		IT AGAINST:		
Name			Address	Phone	Phone	
AGE:		SEX: RACE:	WEIGHT:	HEIGHT:	HAIR:	
DOB:		EYE COLOR: _	DL#	SS#		
<u>ORIG</u>	INAL	CHECK, ENVELOPE, AND	COPY OF 10-DAY D	EMAND LETTER ARE A	TTACHED.	
		was given to Victim: m n the check different from dere victim received check				
Yes	No	Is returned letter attached?				
Yes	No	Is certified letter receipt (gr				
Yes	No	The address on the "10-day	letter" envelope and on	the check are EXACTLY the	he same? If not, why not?	
Yes	No	Was the check presented to	bank within 30 days of	your receipt?		
Yes	No	Was identification produced and documented on check?				
Yes	No	Account, Debit, Merchandise What	Cash at Kind? d?	State Taxes, Child Su		
Yes	No	Did the victim give the merchandise, services, etc, at the same time check was given? If no, when were services, merchandise, etc, given?				
Yes	No			return to you YES NO		
Yes	No	Was there any response from maker of check when contacted about check YES NO				
Yes	No	Did you accept a replacement check or payment?				
Yes	No	the check? (A) Date check YES Why was the check returned Account Closed Needs bank clarification At customer's request, the	No (B) Sign of the dot the victim? Insuffice Payment, Other	cient Funds No Accoun Request		
Swor		d subscribed before me this				
		_day of,	 Signature	e of Applicant		
	15.0					
Clerk	/Notary	Public	I certify t	hat probable cause does/does	s not exist for the issuance	

of this warrant