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Physical Address: 100 S. Main St., 2nd Floor Anderson, SC 29624

Anderson, SC 29622

Tenth Circuit Solicitor's Office

Mailing Address: PO Box 8002

Worthless Check Unit

Victim/Vendor Worksheet

1. Identification and Address information obtained at time check was accepted:

Offender's Name:			SEX	RACE		
Addre	ess:	City	_ State	Zip		
Phone	e:	ID or DL#:	_ STATE:			
DOB	·	SSN:				
2. Date the check was accepted (Can be different than check date):						
3. Date check	deposited (1 st deposit date only):					
4. Deposited	within 10 days? 🗌 YES 🗌 NO	(if no, we may not be able to help you)				
5. Check was	received in Cpf gt up County?	YES 🗌 NO				
6. You or your agent believed that the check was good at the time of receipt?						
7. Was the ch	eck postdated? YES NO W	as the check held?	ES 🗌 N	10		

I understand that by signing this form that I attest that there was no agreement to hold the check in question. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91°°.

By signing this form, I swear that the above is true.

SIGNATURE:	Date:				
Vendor/Victim (Print name):	Company	Company			
Address:	City	State	Zip		
Phone::	Alternate Phone:				
Fax:	E-mail:				
Any additional information you prov	vide about the check writer may	<mark>, he heln</mark> ful in the	collection proc	PSS	