

11TH CIRCUIT WORTHLESS CHECK UNIT

Mailing Address
P.O. Box 1649
Lexington, SC 29071



205 East Main St., Ste 105
Lexington, SC 29072
(803) 785-8142
Fax: (803) 785-8229

Offender Info:

Name: Sex: Race:
Address: City/State/Zip:
Phone: ID or DL #:
DOB: SSN:

Check Info:

Check was received in what county?
Date the check was accepted (Can be different than check date):
Date check deposited (1st deposit date only):
Deposited within 10 days? YES NO
The check believed to be good at the time of receipt? YES NO
The check postdated (written for a future date)? YES NO
Any agreement to hold the check? YES NO

Staple Check Here

PLEASE READ

I could be held liable for the fees outlined in S.C. Code of Laws Section 17-22-710 if I:

- Withdraw the check from the program
Stop the prosecution process
Accept full or partial payment on this check which could result in the collection or prosecution process being stopped

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

Signature: Date:
Print Name:
Company:
Address: City/State/Zip:
Phone #: Alt. Phone #:
Fax #: Email:

All payments for this item MUST be made through the Solicitor's Worthless Check Unit.