TAZEWELL COUNTY BAD CHECK COMPLAINT FORM

After you have made a reasonable effort to collect the NSF/Account Closed check(s) on your own, this form must be completely filled out. No two-party checks, counter checks, or stop payment checks will be accepted. You must attach the worthless check(s) to this complaint form. *Copy of bank fee slip must be attached in order to collect bank fee.

VICIANI DITTI					
Legal name of business (or complainant):_					
Address:	_City:	Zip:	Phone: ()	
Name of person (clerk) who accepted check	κ:		DOB:	Check #:	
Name of person (clerk) who accepted check	κ:		DOB:	Check #:	
Name of person (clerk) who accepted check	ς:		DOB:	Check #:	
POTENTIAL DEFENDANT DATA					
Name of person issuing/delivering check: _					
Address:	City:	Zip:	Phone ()	
Identification Used and Description: Driver	s License #			DOB:	
FOID#ID#		Sex: Male or Female Height:			
Weight:Hair:	Complexion:		Other:		
TRANSACTION DATA					
Date Check(s) accepted:	Reaso	on check(s) returned	: NSFAc	count Closed	
First date presented to bank:	Second	d date presented to b	oank:		
Location of acceptance: (if different than a	bove):				
Can Acceptor identify suspect? YES	_ NO Are P	hotos/Video availab	le of transaction	? YES NO	
Were you asked to hold the check, or was it	t post dated? YES	NO			
What Property was purchased with the chec	ck?				
What has been done to attempt to contact the	ne person and collec	ct?			
TOTAL AMOUNT OF CHECK(S) \$	*]	Bank Fees charged	to you (if any) \$		
I understand the purpose of this Co	mplaint is to pursue	e criminal charges tl	nrough the Tazev	well County State'	
Attorney's Office.					
DATE		COMPL	COMPLAINANT'S SIGNATURE		

Mail or Deliver form and check(s) to:

VICTIM DATA

TAZEWELL COUNTY DEFERRED PROSECUTION 334 Elizabeth Street *Tazewell Building* Suite 200 Pekin, Illinois 61554