

**Mailing/Location Address**  
1930 University Parkway  
Suite 1500  
Aiken, SC 29801

**Solicitor's Worthless Check Unit Program**

2<sup>nd</sup> Judicial Circuit  
Aiken, Bamberg and Barnwell Counties

**Telephone**  
803- 648-8637



**Victim/Vendor Worksheet**

**PLEASE PRINT**

**Check Writer/Offender's Information:**

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

**Check Information:**

|  |  |
|--|--|
| Check was received in which county?                                      | _____  |
| Date the check was accepted ( <i>Can be different than check date</i> ): | _____  |
| Date check deposited ( <i>1<sup>st</sup> deposit date only</i> ):        | _____  |
| Deposited within 10 days?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| The check believed to be good at the time of receipt?                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| The check was postdated ( <i>written for a future date</i> )?            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Any agreement to hold the check?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**"LEGAL COPY"  
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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

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