

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

Solicitor's Worthless Check Unit Program

2nd 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>1st 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.