

# Solicitor's Worthless Check Unit

## 8th Judicial Circuit

Mailing Address  
P.O. Box 516  
Greenwood, SC 29648



Suite 203, Park Plaza  
600 Monument Street  
Greenwood, SC  
(864)942-8812

### Victim/Vendor Worksheet for Laurens County

Please complete one Worksheet for each check being submitted.

1. Identification and Address: Must be the individual who signed the check and not a business.

Check Writer's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ (Must be provided to prosecute.)

2. Who accepted the check? \_\_\_\_\_ (Please indicate by name or initials.)

3. Was the check received and accepted in **Laurens County**? YES NO

4. Date the check was accepted: \_\_\_\_\_ Date deposited: \_\_\_\_\_

5. Your Bank where check was deposited: \_\_\_\_\_

6. Was check deposited within 10 calendar days? YES NO (If No, do not submit. We cannot help you.)

7. Was there any agreement to hold the check? YES NO (If Yes, do not submit. We cannot help you.)

8. Was there any suspicion that the check was bad when it was accepted? YES NO (If Yes, do not submit.)

9. Reason Returned: NOT SUFFICIENT FUNDS ACCOUNT CLOSED OTHER \_\_\_\_\_

**CHECKS SHOULD BE SUBMITTED TO THE CHECK UNIT WITHIN 60 DAYS OF RECEIPT.**

**You should always ask for proper ID and witness check being signed.** If the check qualifies for this program, attach **Official Bank Copy of Check** (no photo copies) along with any supporting information you may have and submit to the Worthless Check Unit at above address.

I attest that all answers given are true and that I may be called to testify in Court. I also understand that if I want to stop the Check Unit's collection or prosecution process, I will be liable for costs totaling at least \$91.00.

**ONCE CHECK IS SUBMITTED TO US, DO NOT ACCEPT PAYMENT FROM THE CHECK WRITER.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

You may copy this form as much as necessary.

Attach Check Here