

Eleventh Circuit Solicitor's Worthless Check Unit



Donald V. Myers
Solicitor

The Solicitor's Worthless Check Program is a **FREE** service to the victims of worthless checks. Upon collection of the check, we will send you the full amount of the check plus your \$30.00 service charge. The Solicitor's Office will handle all the correspondence with the check writer; therefore, you do **NOT** need to send the check writer any written notice of the worthless check.

Instructions

On the next page, you will find the 11th Circuit Solicitor's Worthless Check Unit Victim/Vendor Worksheet which is required for the Solicitor's Office to help you collect on your bad check. Each check will need its own worksheet.

Offender Info

Complete using the information about the check writer.

Helpful Hints when accepting a check:

- Remember to get the driver license number and the state who issued the license.
- If the check has a PO Box instead of a street address, get a street address.
- Remember to write down the check writer's home and work phone numbers.
- On business checks, always write on the check who signed the check.
- Any additional information that you can obtain such as race, sex, date of birth, register transaction number, and the initials of who accepted the check and witnessed the signature is very helpful if we have to obtain an arrest warrant and prosecute the check writer.
- Remember always verify that the date on the check, amount of the check and that the signature on the check matches the driver's license signature.

Check Info

- **Check was received in what county?** Please list the county where you received the check. If you do not know the county, you can put the address of where the check was received.
- **Date the check was accepted. Record the date you received check.**
Helpful Hint: if you receive checks by mail, you should record on the check the date the check was received. This information could be critical during the prosecution of a check.
- **Date check was deposited.** Always put the first deposit date if the check is processed more than once.
- **Deposited within 10 days.** Answer yes or no. A check must be deposited within 10 days of receipt to qualify for criminal prosecution.
- **The check believed to be good at the time of receipt.** Answer yes or no
- **The check postdated (written for a future date).** Answer yes or no
- **Any agreement to hold the check.** Answer yes or no

Please verify all the information you have completed, complete the information at the bottom of the form and agree to the information about taking payments and withdrawing a check from the check program.

If you have any questions, please feel free to call our office at (803) 785-8142 or email us at checkunit@lex-co.com.

11TH CIRCUIT WORTHLESS CHECK UNIT

Mailing Address
P.O. Box 2077
Lexington, SC 29071



205 East Main St., Ste 215
Lexington, SC 29072
(803) 785-8142
Fax: (803) 785-5042

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 (<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 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

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.