

# WORTHLESS CHECK DIVISION

M. BOFILL DUHE, DISTRICT ATTORNEY SIXTEENTH JUDICIAL DISTRICT  
300 IBERIA STREET, SUITE 200, NEW IBERIA, LA 70560-4583 / PHONE 337/369-4453  
307 CHURCH STREET, ST. MARTINVILLE, LA 70582 / PHONE 337/394-2220  
500 MAIN STREET, FRANKLIN, LA 70538 /PHONE 337/828-4100 EXT 550

**NAME OF INDIVIDUAL  
WHO SIGNED THE CHECK:**

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**1. Name of person who accepted the check from the above individual.**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**2. Will the person who accepted the check recognize the individual who issued the check? YES \_\_\_\_\_ NO \_\_\_\_\_**

**(To successfully prosecute this case we need to be able to identify the check writer)**

**3. Name of person who sent the certified letter.**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**4. Was the entire check written by the above individual? \_\_\_\_\_ If not, give details as to who wrote what on the check. \_\_\_\_\_**

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**5. Was the check filled out and signed in the presence of the witness?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**6. Payment will not be accepted directly or indirectly for this check once turned into the District Attorney's office.**

**YES, I AGREE \_\_\_\_\_ NO, I DO NOT AGREE \_\_\_\_\_**

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**INFO ON CHECK WRITER:**

**COMPLAINANT:**

**Drivers License:** \_\_\_\_\_

**Merchant/Business:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_