

# 13th<sup>th</sup> Circuit Solicitor's Worthless Check Unit

**Mailing Address**  
214 E. Main St., B-220  
Pickens, SC 29671



You can drop off your  
worthless check at the  
Solicitor's Office  
214 E. Main St., B-220  
864-898-5905

## Victim/Vendor Worksheet

### PICKENS COUNTY

Please Print or Type

1. Identification and Address information **obtained at time check was accepted:**

Offender's Name: \_\_\_\_\_ SEX \_\_\_ RACE \_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Phones: \_\_\_\_\_ ID or DL#: \_\_\_\_\_ STATE: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Date the check was accepted (*Can be different than check date*): \_\_\_\_\_

3. Date check deposited (*1<sup>st</sup> deposit date only*): \_\_\_\_\_

4. Bank where deposited: \_\_\_\_\_

5. Deposited within 10 Business days?  YES  NO (*if no, we may not be able to help you*)

6. Check was **received in PICKENS County**?  YES  NO

7. Check was in exchange for \_\_\_\_\_  
\_\_\_\_\_

8. Have you receive partial payment for the check?  YES Amount: \_\_\_\_\_  NO

I understand that by signing this form that I attest that there was no agreement to hold the check in question and that goods, money or services were received in exchange for this check. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91<sup>00</sup>.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Any additional information you have about the check writer is appreciated.**

Staple Check Here  
Front and back copy of check