

Michael W. Shipman
Wayne County Prosecuting Attorney
Court House
301 East Main Street
Richmond, IN 47374

Office check complaint number: _____

Business name: _____

Address: _____ Phone: _____

What did accused receive for check? _____

Date certified letter was sent: _____ (Please attach a copy of letter sent, green certified receipt, or returned letter not claimed to the back of this form. Original check needs to be attached to bottom of complaint form)

Have you filed (or intend to file) a civil claim to recover restitution for the check? _____

THIS SECTION MUST BE COMPLETED

Accused/Payer _____

Address _____

Driver's license number or Social Security number _____

Age _____ D.O.B _____ Race _____ HT. _____ WT. _____ SEX _____

EYES _____ HAIR _____ EMPLOYER _____

Identifying features: (e.g. glasses, scars, tattoos): _____

I hereby affirm under the penalties for perjury, as specified in I.C. 35-34-1-2.4 that the foregoing representations are true.

Service Fee \$ _____ per check
(Not to exceed \$27.50 per check)

Signed _____
Dated: _____

PLEASE ATTACH ORIGINAL CHECK HERE