



ASHLEY M. RICH

Mailing Address
Post Office Box 1605
Mobile, Alabama 36633-1605
(251) 574-5775

DISTRICT ATTORNEY
STATE OF ALABAMA
Thirteenth Judicial Circuit
Check Enforcement Unit

Physical Address
205 Government Street Suite C-501
Mobile, Alabama 36644-2501
fax (251) 574-5790

This form must be completely filled out before any action can be taken on checks turned over to the Mobile County District Attorneys Check Enforcement Unit. This office reserves the right to determine if criminal action will be taken on any check matter referred to us. Checks must be submitted within 12 months of issue date.

CHECKS OVER \$2,500.00 ARE NOT ACCEPTED BY THE CHECK ENFORCEMENT UNIT.

CHECK WRITER INFORMATION

Name: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____ Gender: _____ Race: _____
Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Date of Birth: _____ Driver's License #: _____ State: _____

CHECK INFORMATION:

Check Number: _____ Date Passed: _____ Amount: _____
What was check written for? (Check One) _____ Merchandise _____ Service
Was the check presented in Mobile County? _____ Yes _____ No
Can positive identification be made: _____ Yes _____ No
Name of person who accepted this check: _____
Has any payment been made on this check? _____ Yes _____ No
Was this check post-dated? _____ Yes _____ No
Did you agree to "hold" or delay depositing the check? _____ Yes _____ No
Was this check received as payment on a loan, an extension of credit, or on an account? _____ Yes _____ No

NOTE: Answering "Yes" to any of the four (4) questions IN THE SECTION DIRECTLY ABOVE indicates that this is a Civil Matter, making it ineligible for the Worthless Check Unit Program. You may be able to pursue collection through Small Claims Court.

VICTIM INFORMATION:

(Please provide the name of the company or individual to whom restitution checks should be made payable.)

Company Name: _____
Company OWNER's Name: _____ SSN: _____
Physical Address: _____
Mailing Address (if different): _____
Phone: _____ Email Address: _____

READ CAREFULLY: I certify that the information furnished herein is true and correct to the best of my knowledge, belief and information. I further certify that this cause is not brought for the collection of a CIVIL debt. I understand that once the case is turned over to the District Attorney's Office, I must pay a \$30.00 fee if I personally collect or withdraw the check from your office. I understand that I have no further connection with the case except to testify in the event that the case is brought to trial. Any person who wrongfully and corruptly swears to an affidavit may be subject to criminal charges for the offense of perjury.

FOR OFFICIAL USE ONLY:

Magistrate: _____ Date: _____

AFFIANT: _____ Date: _____