

**BAD CHECK COMPLAINT FORM  
LYCOMING COUNTY DISTRICT ATTORNEY'S OFFICE**

This form must be completed for all private complaint Bad Checks of more than \$200.00.

**WARNING:** Any false statement(s) written on this form or any attached material is subject to prosecution under Pennsylvania Criminal Code 18 Pa CSA §4904.

**Please Print**

Date:		D.A. File No.			
Complainant: (Last Name)		(First)	(M.I.)	Age	Home _____ Work _____
Address: (No. & Street)		(City)	(State)	(Zip)	
Maker of Check: (Last Name)		(First)	(M.I.)	Age	Home _____ Work _____
Address: (No. & Street)		(City)	(State)	(Zip)	
Face Amount of Check	Face Date of Check	Date Check Returned	Can Maker be identified? ___ Yes ___ No		

**PERSON WHO ACTUALLY HANDED CHECK OVER** (Same as Maker if not completed below)

Name:	Address:	Age	Tele. No.
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**CHECK ACTUALLY RECEIVED BY** (Same as Complainant if not completed below)

Name:	Address:	Age	Telephone No.
Exact location where Check was received:			___ Received in person ___ Received by mail
Date of birth of check writer	Social Security Number	State & Driver's License Number	

**STATE REASON AND CIRCUMSTANCES UNDER WHICH CHECK WAS GIVEN:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Non-Payment: (Check One)	Was Party Notified Check Was Bad?
___ Non Sufficient Funds	___ Yes ___ No
___ Account Closed	Date Notified: _____
___ Exceeding Line of Credit	How Notified?
___ Stolen or Forged	___ Verbal ___ Written
___ Stop Payment	

**Have you sent a certified and regular mail 10-day notice to the defendant demanding payment on the check?** \_\_\_yes \_\_\_no

**Have you received the certified mail receipt back from the Postal Service?** \_\_\_yes \_\_\_no

**Attach photo static copy of both sides of original check, copy of any notification sent, and any other documents pertaining to this case.**

Sworn to and subscribed before me this

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public