

**Georgetown County**

**15<sup>th</sup> Circuit Solicitor's Worthless Check Unit**

**Mailing Address**  
P.O. Box 1688  
Georgetown, SC 29442



Phone (843) 545-3144  
Fax (843) 545-3268

**Victim/Vendor Worksheet**

*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 days?  YES  NO (if no, we cannot help you)

6. Check was **received in Georgetown County**?  YES  NO (if no, we cannot to help you)

7. What was check for? i.e. food, tires, rent, etc. \_\_\_\_\_

\_\_\_\_\_

**Staple Check Here**

**I understand that by signing this form that I attest that there was no agreement to hold the check in question and the check was not post-dated. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91<sup>00</sup>.**

**I also understand that by signing this form that I attest that the information provided is true and accurate to the best of my knowledge.**

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.**