

Mailing/Location Address
1930 University Parkway
Suite 1500
Aiken, SC 29801

Solicitor's Worthless Check Unit Program

2nd Judicial Circuit
Aiken, Bamberg and Barnwell Counties

Telephone
803- 648-8637



Victim/Vendor Worksheet

PLEASE PRINT

Check Writer/Offender's Information:

Name: _____	Sex: _____	Race: _____
Address: _____	City/State/Zip: _____	
Phone: _____	DL# or ID#: _____	
DOB: _____	SSN: _____	

Check Information:

Check was received in which county?	_____
Date the check was accepted (<i>Can be different than check date</i>):	_____
Date check deposited (<i>1st deposit date only</i>):	_____
Deposited within 10 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
The check believed to be good at the time of receipt?	<input type="checkbox"/> YES <input type="checkbox"/> NO
The check was postdated (<i>written for a future date</i>)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any agreement to hold the check?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**"LEGAL COPY"
Staple Check Here**

PLEASE READ

I could be held liable for the fees outlined in S.C. Code of Laws Section 17-22-710 if I:

- Withdraw the check from the program
- Stop the prosecution process
- Accept full or partial payment on this check which could result in the collection or prosecution process being stopped

By signing this form, I swear that the above is true.

Signature: _____ Date: _____
Print Name: _____
Company: _____
Mailing Address: _____ City/State/Zip: _____
Phone #: _____ Alt. Phone #: _____
Fax #: _____ Email: _____

All payments for this item **MUST** be made through the Solicitor's Worthless Check Unit.