

**APPLICATION  
FOR WORTHLESS CHECK PROCESS**

LAST NAME.....

\_\_\_\_\_

FIRST NAME.....

\_\_\_\_\_

MIDDLE.....

\_\_\_\_\_

RACE/SEX.....

\_\_\_\_\_ / \_\_\_\_\_

DATE OF BIRTH/AGE.....

\_\_\_\_\_ / \_\_\_\_\_

SOCIAL SECURITY NUMBER.....

\_\_\_\_\_

DRIVER'S LICENSE NUMBER.....

\_\_\_\_\_

STREET ADDRESS.....

\_\_\_\_\_

CITY/STATE/ZIP.....

\_\_\_\_\_

PHONE.....

H (\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_) \_\_\_\_\_

**SUMMON(S)  
SIMPLE WORTHLESS CHECK (2666)**

**(NOT OVER \$2,000.00)**

OFFENSE DATE.....

\_\_\_\_\_

CHECK NUMBER.....

\_\_\_\_\_

CHECK DATE.....

\_\_\_\_\_

BANK CHECK DRAWN UPON.....

\_\_\_\_\_

CITY OF BANK.....

\_\_\_\_\_

CHECK MADE PAYABLE TO.....

\_\_\_\_\_

CHECK DELIVERED TO.....

\_\_\_\_\_

CHECK AMOUNT.....

\$ \_\_\_\_\_

PROCESSING FEE.....

\$ \_\_\_\_\_

BANK SERVICE CHARGE.....

\$ \_\_\_\_\_

TOTAL RESTITUTION.....

\$ \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF WAKE

# APPLICATION FOR WORTHLESS CHECK PROCESS

DATE RETURNED: \_\_\_\_\_ REASON: \_\_\_\_\_

CHECK ACCEPTED BY: \_\_\_\_\_  
*(Acceptor's Name - Title - Firm Name)*

I, SWEAR OR AFFIRM, THAT REASONABLE EFFORTS HAVE BEEN MADE TO COLLECT THIS CHECK BY:

CALLING THE DEFENDANT ON: \_\_\_\_\_

WRITING THE DEFENDANT ON: \_\_\_\_\_

OTHER EFFORTS: \_\_\_\_\_

CERT. OR REG. MAIL \_\_\_\_\_

*(INDICATE WHAT METHOD)*

I HAVE NOT MADE AN EFFORT TO COLLECT THIS CHECK BECAUSE:

AFTER REASONABLE EFFORTS, I CANNOT LOCATE THE MAKER.

I BELIEVE THE MAKER IS NOW A PROFESSIONAL CHECK PASSER.

I HAVE ATTACHED A COPY OF THE LETTER TO THE MAKER, WITH A FACSIMILE OF THE CHECK AND CERTIFIED RECEIPT COPIED THEREON. (Per G.S. 14-107.1(b)(7) d. and e.)

I FULLY UNDERSTAND AND AGREE THAT IF I OR SOME OTHER PERSON QUALIFIED TO ACT AS A WITNESS IN THIS CASE DOES NOT APPEAR FOR TRIAL IF REQUIRED, IN THIS CASE, OR IF THE COURT FINDS THIS PROSECUTION TO BE FRIVOLOUS, MALICIOUS OR WITHOUT PROBABLE CAUSE, THE COURT MAY IMPOSED UPON ME THE COURT COSTS IN THIS ACTION.

I WILL NOT ACCEPT PAYMENT OF THE ABOVE CHECK WITHOUT ALSO COLLECTING AND REMITTING TO THE CLERK OF SUPERIOR COURT THE SUM OF NINETY DOLLARS (\$90.00) AS PAYMENT OF COSTS IN THIS ACTION.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

TAX PAYER ID OR SSAN: \_\_\_\_\_

\_\_\_\_\_  
MAGISTRATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
PROSECUTING WITNESS

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
FIRM ADDRESS

\_\_\_\_\_  
CITY - STATE - ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NOTARY PUBLIC