

**IN THE CIRCUIT COURT OF HICKORY COUNTY, MISSOURI  
ASSOCIATE DIVISION  
STATEMENT OF PROBABLE CAUSE  
BAD CHECK REFERRAL FORM**

1. BUSINESS OR PERSON DEFRAUDED-

NAME \_\_\_\_\_

BUSINESS ID# |SSN#: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

2. PERSON WHO SIGNED CHECK-

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

License or I.D.# \_\_\_\_\_ State of Issuance \_\_\_\_\_

Birth Date \_\_\_\_\_

WAS DRIVERS LICENSE SHOWN?    YES    NO

NAME OF PERSON ACCEPTING CHECK: NAME \_\_\_\_\_ DOB: \_\_\_\_\_

PLACE OR ADDRESS WHERE THE CHECK WAS PASSED \_\_\_\_\_  
Business is required to maintain contact with/current address of witness

Check # \_\_\_\_\_ Date Check Passed \_\_\_\_\_ Amount of Check \_\_\_\_\_

Said Check was returned due to insufficient funds/account closed /other (circle the correct answer). Said check was not post dated.

Prosecution of checks under \$500.00 must commence within one year of being passed. Checks within 90 days of that date cannot be accepted. I acknowledge that all facts contained in the above Statement of Probable Cause are true and correct to the best of my knowledge, information and belief. I further understand any false statements contained herein are punishable by law. I understand the purpose of this complaint is to initiate criminal prosecution. My sole purpose is to prosecute the check writer and agree to cooperate with this prosecution until completed.

Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

PLACE ORIGINAL CHECK HERE  
(STAPLE CHECK AT RIGHT MARGIN ON FORM)

**Attach Probable Cause Statement and copy of any communication which was in writing (10 day letter -required for stop payment complaints) to back.**