

Oconee County

Solicitor's Worthless Check Unit

Tenth Circuit Solicitor's Office
Worthless Check Unit
Mailing Address: 415 South Pine Street
Walhalla, SC 29691
Physical Address: 205 W. Main St.
Walhalla, SC 29691



Telephone: (864) 260-4339
Fax: (864) 260-1030
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Victim/Vendor Worksheet

1. Identification and Address information obtained at time check was accepted:

Offender's Name: \_\_\_\_\_ SEX \_\_\_ RACE \_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone: \_\_\_\_\_ ID or DL#: \_\_\_\_\_ STATE: \_\_\_\_\_
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Date the check was accepted (Can be different than check date): \_\_\_\_\_

3. Date check deposited (1st deposit date only): \_\_\_\_\_

4. Deposited within 10 days? [ ] YES [ ] NO (if no, we may not be able to help you)

5. Check was received in Oconee County? [ ] YES [ ] NO

6. You or your agent believed that the check was good at the time of receipt? [ ] YES [ ] NO

7. Was the check postdated? [ ] YES [ ] NO Was the check held? [ ] YES [ ] NO

I understand that by signing this form that I attest that there was no agreement to hold the check in question. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91.00.

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

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor/Victim (Print name): \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Any additional information you provide about the check writer may be helpful in the collection process.

Staple Worthless Check Here