

AIKEN COUNTY WORKSHEET

Mailing Address
1680 Richland Avenue W
Suite 80
Aiken, SC 29801



Telephone
(803) 648-8637
Fax: (803) 648-8636

2ND CIRCUIT WORTHLESS CHECK UNIT

Offender Info:

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

Check Info:

Check was received in AIKEN county? YES NO
Date the check was accepted (Can be different than check date):
Date check deposited (1st deposit date only):
Deposited within 10 days? YES NO
The check believed to be good at the time of receipt? YES NO
The check postdated (written for a future date)? YES NO
Any agreement to hold the check? YES NO

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:
Address: City/State/Zip:
Phone #: Alt. Phone #:
Fax #: Email:

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