

# Fourth Circuit Solicitor's Check Unit

**Mailing Address**  
PO Box 616  
Bennettsville, SC 29512



**405 E. Main St.**  
Bennettsville, SC 29512  
(843) 479-6516  
Fax (843) 479-6519

## Victim/Vendor Worksheet

**Please Print or Type**

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

Offender's Name/ SS#: \_\_\_\_\_ DOB \_\_\_\_\_

Physical Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ C/S/Z \_\_\_\_\_

Phone #: \_\_\_\_\_ ID or DL#: \_\_\_\_\_ STATE: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

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

3. Date check deposited (*1<sup>st</sup> deposit date only*): \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

4. Bank where deposited: \_\_\_\_\_

5. Deposited within 10 Business days?  YES  NO (*if no, we may not be able to help you*)

6. Check was **received in Chesterfield, Darlington, Dillon, or Marlboro County?** (please circle one)

7. If e-check, what bank was funds to be drawn from? \_\_\_\_\_

Reason for return? NSF \_\_\_\_\_ Stop Payment \_\_\_\_\_ Acct. Closed \_\_\_\_\_ Other \_\_\_\_\_

8. Was there an agreement to hold the check?  YES *How long?* \_\_\_\_\_  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<sup>00</sup>.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

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

**Any additional information you have about the check writer is appreciated.**

Staple Check Here