

Fourth Circuit Solicitor's Check Unit

Mailing Address
Post Office Box 594
Chesterfield, SC 29709



105 Green Street
Chesterfield, SC 29709
(843) 479-6516

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 (*1st 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?**

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 \$91⁰⁰.

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.

A copy of the check and documentation from the financial institute must be included when submitting this form. Completed forms and documentation can be emailed to juanitariley@solicitor4.com