

**APPLICATION FOR WORTHLESS CHECKS PROCESS**

Name of Check Passer (Defendant) \_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_  
Race/Sex/Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Driver's License No. & State \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

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Name of Check Taker or Business: \_\_\_\_\_  
Federal Taxpayers ID Number: \_\_\_\_\_  
Name of Affiant (check taker) \_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

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Check Delivered/Made Payable to: \_\_\_\_\_  
Bank Check Drawn Upon \_\_\_\_\_  
City of Bank \_\_\_\_\_  
Amount of Check \$ \_\_\_\_\_  
Check Number / Date of Check \_\_\_\_\_ / \_\_\_\_\_  
Actual Bank Service Fee: \$ \_\_\_\_\_ (Can not be over \$12.00)  
Service Charge Fee: \$ \_\_\_\_\_ (Can not be over \$25.00)

Signature of Affiant: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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Please complete this form and return to:  
Kelly DeHart – Worthless Check Program Coordinator  
Iredell County Hall of Justice – Annex Bldg.  
201 E. Water Street  
Statesville, NC 28677