

# HORRY COUNTY WORKSHEET

**Mailing Address**  
P.O. Box 1276  
Conway, SC 29528



1301 2<sup>nd</sup> Avenue  
Conway, SC 29526  
(843) 915-8623  
Fax: (843) 915-6085

## 15TH CIRCUIT WORTHLESS CHECK UNIT

### Offender Info:

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

### Check Info:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Date the check was accepted ( <i>Can be different than check date</i> ): _____ |                              |                             |
| Date check deposited ( <i>1<sup>st</sup> deposit date only</i> ): _____        |                              |                             |
| Deposited within 10 days?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Check was <b>received in Horry County</b> ?                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The check believed to be good at the time of receipt?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The check postdated ( <i>written for a future date</i> )?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any agreement to hold the check?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Where was check deposited? \_\_\_\_\_

What was the check for? \_\_\_\_\_

### 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

**Staple Check Here**

**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.**