



DISTRICT COURT OF MARYLAND FOR _____ (City/County)

LOCATED AT (COURT ADDRESS)

DISTRICT COURT CASE NUMBER

DEFENDANT'S NAME (LAST, FIRST, M.I.)

CONTINUATION SHEET - BAD CHECK CHARGE
APPLICATION FOR STATEMENT OF CHARGES/STATEMENT OF PROBABLE CAUSE
(Criminal Law § 8-103)

On or about _____ Date _____ at _____ Place _____
did unlawfully obtain _____ Property or Services _____
having a value of \$ _____ from _____ Full Legal Name of Business or Person _____
by [] issuing [] passing a certain bad check dated: _____ Check No: _____
ACCOUNT NO: _____ Drawn by: _____
on the: _____ Name and Address of Bank _____
in the sum of \$ _____ presented to: _____ Full Legal Name of Business or Person _____
Payable immediately to: _____

Above named Defendant intended or believed that payment would be refused.

Said check was returned from bank marked: _____ on _____ Date _____
CERTIFIED MAIL SENT: _____ Date _____ RETURNED MARKED: _____

On or about _____ Date _____ at _____ Place _____
did unlawfully obtain _____ Property or Services _____
having a value of \$ _____ from _____ Full Legal Name of Business or Person _____
by [] issuing [] passing a certain bad check dated: _____ Check No: _____
ACCOUNT NO: _____ Drawn by: _____
on the: _____ Name and Address of Bank _____
in the sum of \$ _____ presented to: _____ Full Legal Name of Business or Person _____
Payable immediately to: _____

Above named Defendant intended or believed that payment would be refused.

Said check was returned from bank marked: _____ on _____ Date _____
CERTIFIED MAIL SENT: _____ Date _____ RETURNED MARKED: _____

_____ Date _____ Applicant's Signature

TRACKING NUMBER

_____ Printed Name