

Mark this box if this form contains Restricted Information.

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)**

If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

On or about _____ at _____
Date 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: _____ **RETURNED MARKED:** _____
Date

On or about _____ at _____
Date 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: _____ **RETURNED MARKED:** _____
Date

Date

Applicant's Signature