

**REQUEST TO FILE SUIT FOR NEGATIVE SHARE/SHARE DRAFT/DEPOSIT ACCOUNT**

TO: SORENSON VAN LEUVEN, PLLC.

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

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Defendant's Name (Include co-maker's name & address, if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Service Address: \_\_\_\_\_

Place of Employment Address: \_\_\_\_\_

Please serve defendant at: Residence or Place of Employment

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Negative Balance Owed: \_\_\_\_\_

Date of Charge-Off: \_\_\_\_\_

Check Box if suspected fraud or check kiting:

Explain fraud or give summary of check kiting: \_\_\_\_\_

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**Please attach the following documents to this form:**

Copy of Account Signature Card

Account History showing overdraft and applicable charge

If applicable, returned checks or deposit items

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Comments: \_\_\_\_\_