

SWORN COMPLAINT FOR WORTHLESS CHECKS

(type or print only)

This form is to be filled out as completely as possible by the person seeking prosecution for issuance of a worthless check issued by the person described herein. One form must be completed for each check. The ORIGINAL check must be attached to this Sworn Complaint.

Date Check Received: Month ____ Day ____ Year ____

Check Received From: _____

Address: _____

Date of Birth: Month ____ Day ____ Year ____ **Sex** ____ **Race** ____ **SS#:** _____

Drivers License: _____

Place of Employment: _____ **Work Phone:** _____

Can you identify the Defendant: Yes ____ No ____ **Home Phone:** _____

VICTIM: (If Business, Legal Name) _____

Address: _____

Person Who Accepted Check: _____

Address: _____

Home Phone: _____ **Business Phone:** _____ **Position/Title:** _____

THE UNDERSIGNED, UNDER OATH, STATES that the above named check writer did draw, make, utter, issue or deliver a worthless check, the original submitted with this affidavit, and that the answers to the following questions are true and correct:

Check was received in: (City, County, State) _____

Amount of check:

Check was accepted for: (check one)

- Cash
- Merchandise
- Payment on Account
- Other (Describe) _____

Check No.

Check was returned for: (check one)

- Insufficient Funds
- Account Closed
- Payment Stopped
- Other (Describe) _____

Defendant has ____ has not ____ been sent a certified or registered mail notice OR has been sent a notice by 1st-class U.S. Mail (Sworn Affidavit Attached) and fifteen days have passed since the notice was mailed (attached copy of notice): Was check delivered by: Mail ____ Check writer ____ Other ____.

Was check postdated: Yes ____ No ____ . Were you asked to hold or delay deposit:

Yes ____ No ____.

THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT: _____

PRINT NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____

The State Attorney has no authority to enforce restitution and I agree to cooperate fully and will appear to testify. I understand that once I have signed this complaint I have no authority to drop charges without the prior consent of the State Attorney.

Sworn to and subscribed before me on this ____ day of _____, 2001.

Signature of Notary Public _____

Print, Type or Stamp Commissioned Name of Notary Public

Personally known ____ or Produced Identification ____

Type of Identification Produced: _____