



THE STATE OF TEXAS

COUNTY OF COMAL

}}
}}
}}

COMPLAINT AND AFFIDAVIT

THE UNDERSIGNED AFFIANT, after being duly sworn by me, makes the following statements under oath: I have good reason to believe and do so believe that CHECK WRITER: _____, hereinafter called the accused, did commit the offense of theft by passing a worthless check. My belief is based on the following facts:

FACTS ABOUT THE ACCUSED

DL# _____ State: _____ DOB: _____ SSN: _____
Home Address: _____ City _____ State _____ Zip _____
Home Phone Number: (____) _____ Work Phone Number: (____) _____

FACTS ABOUT THE CHECK

This check was accepted for? Merchandise Cash Service If for Merchandise, was merchandise - picked up or delivered
If delivered, please state location of delivery? _____
Does check writer have a revolving account with you? Yes No
Was check given for merchandise delivered C.O.D.? Yes No
Was check post-dated? Yes No

CHECK NO.	DATE WRITTEN	AMOUNT OF CHECK	HOW WAS CHECK DISHONORED?	FULL NAME OF PERSON WHO TOOK CHECK

How can the person who received the check identify the check writer? {Mark any applicable boxes}

Driver's License (DL) picture matched check writer Knows check writer Remembers check writer Can identify check writer

OTHER PERTINENT FACTS

Restitution collected should be sent to: _____
Address _____
City _____ State _____ Zip _____ Phone (____) _____

I HEREBY SWEAR OR AFFIRM that the above information is true and correct to the best of my knowledge; that the above check was given in Comal County, Texas; that said check was not a postdated or hold check; that said check was believed to have been good when it was accepted; that no partial payment has been made on said check; that I personally received said check or that, by virtue of my employment, I have the Authority to make this affidavit on behalf of the holder. **I HEREBY ACKNOWLEDGE THAT I WILL NOT ACCEPT ANY PAYMENT FOR THIS CHECK AFTER FILING FOR PROSECUTION AND I WILL ADVISE CHECK WRITER THAT ANY FUTURE CONTACT REGARDING THIS CHECK IS TO BE MADE WITH THE CRIMINAL DISTRICT ATTORNEY'S OFFICE HOT CHECK DIVISION.**

DA OFFICE USE ONLY

DA CHECK ID# _____

AFFIANT (Complainant)

PRINTED NAME OF COMPLAINANT

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, _____.

Notary Public in and for the State of Texas

Commission expires: _____