



THE STATE OF TEXAS

COUNTY OF COMAL

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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: \_\_\_\_\_