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 CHECK WRITER

DL#_____ State: _____ DOB: _____ SSN: _____ Race: _____ Sex: _____
Home Address: _____ City _____ State _____ Zip _____
Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____

FACTS ABOUT THE PERSON WHO ACCEPTED THE CHECK

Name of person who took check: _____ Cell Phone Number:_____
Home Address of person who took check: _____
Business Address of person who took check: _____ Work Phone Number: _____

FACTS ABOUT THE CHECK

CHECK NO.	DATE WRITTEN	AMOUNT OF CHECK	HOW WAS CHECK DISHONORED? (NSF, ACCOUNT CLOSED, ETC.)

This check was accepted for? ☐ Merchandise ☐ Cash ☐ Service If for Merchandise, was merchandise – ☐ picked up or ☐ delivered
Describe in detail the service or product provided to the check writer? _____
If delivered, please state location of delivery? _____
Did the check writer pass the worthless check **before or after** the service or product was provided? BEFORE ☐ AFTER ☐

CHECK EITHER YES OR NO TO THE FOLLOWING QUESTIONS

1.	Can the person who took the check identify maker of the check?	YES ☐	NO ☐
2.	Did the person who took the check request the driver's license and verify that the information on the driver's license matched the check writer?	YES ☐	NO ☐
3.	Was the check thought to be good when accepted?	YES ☐	NO ☐
4.	Was the person who presented the check also the person who signed the check?	YES ☐	NO ☐
5.	Was the check deposited or presented for payment within 30 days of receipt?	YES ☐	NO ☐
6.	Was the check postdated or a hold check?	YES ☐	NO ☐
7.	Does the check writer have a credit or revolving account for the service or product with you?	YES ☐	NO ☐
8.	Has full or partial payment been made?	YES ☐	NO ☐
9.	Has all or part of the property been returned?	YES ☐	NO ☐
10.	Was the check received in the mail?	YES ☐	NO ☐
11.	Was the check received in Comal County?	YES ☐	NO ☐

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 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: _____