



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(S)

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

Table with 5 columns: CHECK NO., DATE WRITTEN, AMOUNT OF CHECK, HOW WAS CHECK DISHONORED?, FULL NAME OF PERSON WHO TOOK CHECK

TOTAL AMOUNT OF CHECKS: \$ _____

How can the person(s) who received the check(s) 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(s) were given in Comal County, Texas; that said check(s) was not a postdated or hold check(s); that said check(s) was believed to have been good when it was accepted; that no partial payment has been made on said check(s); that I personally received said check(s) or that 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.

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: _____