

PLEASE COMPLETE THIS AFFIDAVIT

Renee Ann Mueller – County Attorney
Aaron Kleinschmidt – Assistant County Attorney
WASHINGTON COUNTY, TEXAS

Worthless Check Information and Affidavit

The undersigned affiant, who after being duly sworn by me, makes the following statements under oath: I have good reason to believe and do believe that \_\_\_\_\_, hereinafter called the accused, did commit the offense of theft by passing a worthless check. My belief is based on the following facts, as shown by the appropriately completed information as set out below, to wit:

FACTS ABOUT ACCUSED

DL# \_\_\_\_\_, State \_\_\_\_\_, TX ID# \_\_\_\_\_, Date of Birth \_\_\_\_\_, Sex \_\_\_\_\_, Race \_\_\_\_\_

FACTS ABOUT CHECK

Was the check presented to the bank within 30 days after receipt? [ ] YES [ ] NO
Did the accused deliver the check in person? [ ] YES [ ] NO
Does the check represent immediate payment for goods/services rendered? [ ] YES [ ] NO
Was the check given to you as partial payment for the purchase or service? [ ] YES [ ] NO
(i.e. payment on account, payment for loan)
Did you agree to hold the check or allow it to be postdated? YES NO

Check # Date Written Amount Person Who Received Check For Return Notation
(1 per affidavit) (If unknown, leave blank) (Goods, Services, Merchandise) (Marked by Bank)

How can the person who received the check identify the Check writer?

Driver's license (DL) picture matched check writer [ ]
Knows check writer [ ]
Remembers / Could Recognize Check Writer [ ]

Restitution collected should be sent to: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Address where check was received (if different than above) \_\_\_\_\_

Owner name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby swear or affirm that the above information is TRUE AND CORRECT to the best of my knowledge and belief, that the above check was given in WASHINGTON COUNTY, TEXAS; that said check was not post date or a 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 have received information from a person, I believe to be a credible individual, who has knowledge of said check, and that by virtue of my employment, I have the authority to make this affidavit on behalf of the holder, and I understand if charges are file, a warrant will be issued for the accused who may be placed in jail.

Signature of Affiant

Assistant County Attorney

Printed Name of Affiant

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.