

SWORN COMPLAINT FOR WORTHLESS CHECKS

(type or print only)

This form is to be filled out as completely as possible by the person seeking prosecution for issuance of a worthless check issued by the person described herein. One form must be completed for each check. The ORIGINAL check must be attached to this Sworn Complaint.

Date Check Received: Mo.: _____ Day: _____ Year: _____

Check Received From: _____

Address: _____

Date of Birth: Mo.: _____ Day: _____ Year: _____ Sex: _____ Race: _____ Height: _____ SS#: _____

Drivers License: _____

Place of Employment: _____ Work Phone: _____

Can you identify the Defendant: Yes: _____ No: _____ Home Phone: _____

VICTIM: (If Business, Legal Name) _____

Address: _____ City: _____ State: _____ Zip: _____

Person Who Accepted Check: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Position/Title: _____

THE UNDERSIGNED, UNDER OATH, STATES that the above named checkwriter did draw, make, utter, issue or deliver a worthless check, the original submitted with this affidavit, and that the answers to the following questions are true and correct:

Check was received in: (City, County, State) _____

Amount of check: _____	Check No. _____
Check was accepted for: (check one)	Check was returned for: (check one)
Cash: <input type="checkbox"/>	Insufficient funds: <input type="checkbox"/>
Merchandise: <input type="checkbox"/>	Account Closed: <input type="checkbox"/>
Payment on Account: <input type="checkbox"/>	Payment Stopped: <input type="checkbox"/>
Other: (Describe) <input type="checkbox"/>	Other: (Describe) <input type="checkbox"/>

Defendant has _____ has not _____ been sent a certified or registered mail notice OR has been sent a notice by 1st class U.S. Mail (Sworn Affidavit attached) and fifteen days have passed since the notice was mailed (attach copy of notice).

Was check delivered by: Mail Checkwriter Other . Was check postdated: Yes No . Were you asked to hold or delay deposit: Yes No .

THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT: _____

PRINT NAME: _____

ADDRESS: _____ BUSINESS PHONE: _____

The State Attorney has no authority to enforce restitution and I agree to cooperate fully and will appear to testify. I understand that once I have signed this complaint I have no authority to drop charges without prior consent of the State Attorney.

Sworn to and subscribed before me this _____ day of _____, 20 ____

Signature of Notary Public _____

Print, Type, or Stamp Commissioned Name of Notary Public _____

Personally Known _____ OR Produced Identification _____ Type of Identification Produced: _____