

TARRANT COUNTY CRIMINAL DISTRICT ATTORNEY'S OFFICE

WORTHLESS CHECK INFORMATION AND AFFIDAVIT

STATE OF TEXAS)
 COUNTY OF TARRANT)

FOR D.A. OFFICE USE ONLY			
CW#:			
Date Received:		Control #:	
IP #:			
Received By:		TSP #:	
RIP Date:		Reason:	

_____,
Accused - Name of person who wrote check(s)

PLEASE PRINT and FILL FORM OUT COMPLETELY (DO NOT USE WHITE OUT)

INFORMATION ABOUT THE ACCUSED:

*Indicates a Mandatory field (may provide DOB, DL, or SSN)

*Name: _____ *DOB: _____ *DL: _____ /State: _____ *SSN: _____
 *Gender: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home/Cell Phone: _____ Work Phone: _____ Email: _____
 Employer or Business Name: _____ Employer or Business Phone: _____
 Employer or Business Address: _____ City: _____ State: _____ Zip: _____
 If you do not know the DOB, DL#, or SSN, is the person who accepted the check able to ID the person through a line-up? Yes / No

INFORMATION ABOUT THE CHECK(S):

CHECK#	DATE WRITTEN	AMOUNT OF CHECK	FULL NAME OF THE PERSON WHO TOOK THE CHECK	INVOICE FOR GOOD/ SERVICES EXCHANGED ATTACHED?	HOW WAS THE CHECK DISHONORED	HAS ANY PARTIAL PAYMENT BEEN MADE?
				Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>

- Can the person who accepted the check identify the person who wrote the check in court? Yes / No
- Is it a regular policy of your business to require identification, DL#/DOB/SSN, by check writers in exchange for accepting their check? Yes / No
- Was the check passed in Tarrant County? Yes / No ; Did the accused deliver the check in person? Yes / No
- Was the check received for payment of good/services at the time the goods/services were provided? Yes / No
- Did you or anyone with your business consent to the check writer obtaining property and/or services without receiving payment? Yes / No
- Was the check post-dated or held? Yes / No
- Was the check presented to the bank within 30 days of the date on the check? Yes / No
- If applicable, how was the NOTICE OF DEMAND letter served to the accused? Certified Mail / Affidavit of Service by Mail

INFORMATION ABOUT THE INJURED PARTY:

*Name (Person or Business): _____ *Point of Contact: _____
 *Address: _____ City: _____ State: _____ Zip: _____
 *Phone: _____ Point of Contact Cell Phone: _____ Email: _____
 Where Restitution should be sent if different than above: _____

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; THAT THE ABOVE CHECK(S) WAS GIVEN IN TARRANT COUNTY, TEXAS; THAT SAID CHECK(S) WAS NOT POST DATED OR A 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 BY VIRTUE OF MY EMPLOYMENT I HAVE THE AUTHORITY TO MAKE THIS AFFIDAVIT ON BEHALF OF THE HOLDER; I UNDERSTAND THAT IF CHARGES ARE FILED A WARRANT WILL BE ISSUED FOR THE ACCUSED WHO MAY BE PLACED IN JAIL.

 AFFIANT PRINTED NAME

 AFFIANT SIGNATURE (COMPLAINANT)

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 THE ABOVE NAMED ACCUSED DID COMMIT THE OFFENSE OF THEFT BY PASSING A WORTHLESS CHECK. MY BELIEF IS BASED UPON THE ABOVE FACTS WHICH I HEREBY SWEAR OR AFFIRM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20_____.

 NOTARY PRINTED NAME

 NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

Note: If accused pays direct to Complainant, CDA's office must be notified in writing. Please notify this office if your address or any other information changes.