

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

HOT CHECK COMPLAINT & AFFIDAVIT

\*\*\*\*\*WARNING READ CAREFULLY\*\*\*\*\*

THIS DOCUMENT IS A GOVERNMENTAL RECORD. ANY PERSON TAMPERING WITH OR PROVIDING FALSE INFORMATION IN THIS COMPLAINT & AFFIDAVIT MAY BE SUBJECT TO PROSECUTION FOR PERJURY, AGGRAVATED PERJURY, TAMPERING WITH GOVERNMENTAL RECORD, AND/OR FALSE REPORT TO PEACE OFFICER OR LAW ENFORCEMENT EMPLOYEE.

"I, \_\_\_\_\_ (your name), being duly sworn, do state upon my oath that I have [ ] personal knowledge or [ ] that I have good reason to believe and do believe (check the appropriate box) based upon the following information that

\_\_\_\_\_ (name of suspect)

committed the offense of Theft by passing a worthless check. My personal knowledge or belief is based on the following facts:

I. Facts about the Suspect (Please Answer to the Best of Your Ability)

- 1. What is the full name of the suspect? \_\_\_\_\_
2. Is the suspect male or female? \_\_\_\_\_
3. What is the suspect's date of birth? \_\_\_\_\_
4. What is suspect's Driver's License #? \_\_\_\_\_
5. What State is the Driver's License issued out of? \_\_\_\_\_
6. What is the suspect's social security #? \_\_\_\_\_
7. What is the suspect's Race? \_\_\_\_\_
8. What is the suspect's height? \_\_\_\_\_
9. What is the color of suspect's hair? \_\_\_\_\_
10. What is the color of suspect's eyes? \_\_\_\_\_

11. What is the suspect's home address (street, city, state, zip code)?

\_\_\_\_\_

12. What is the suspect's phone number? \_\_\_\_\_

13. What is the suspect's place of employment? \_\_\_\_\_

14. What is the suspect's employment address (street, city, state, zip code)?

\_\_\_\_\_

15. What is suspect's employment phone number? \_\_\_\_\_

## II. Facts about the Theft

1. Describe in detail the service or product provided to the suspect? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (attach additional pages if necessary).

2. Are there any related documents, agreements or writings associated with the service or product between you and the suspect? \_\_\_\_\_

3. If "yes" to question #2, please include copies with this Complaint & Affidavit.

4. Does the suspect have a credit or revolving account for the service or product? \_\_\_\_\_

5. Where was the service or product provided to the suspect (place, address, city, state, zip code)?

\_\_\_\_\_

6. Did the suspect make any representations (by gesture, oral, and/or written) that led you to believe that he or she understood that the service or products were provided for compensation only?

\_\_\_\_\_

7. Did the suspect's representation(s) (by gesture, oral, and/or written) deceive you into providing the service or product? \_\_\_\_\_

8. How did the suspect's representation(s) deceive you into providing the product or service?

\_\_\_\_\_

9. Describe the representation(s) made by the suspect. \_\_\_\_\_

\_\_\_\_\_

10. Has the suspect at any time made any oral or written statements concerning the worthless check and/or your efforts to collect? \_\_\_\_\_

11. If "yes" to question #10, then describe the suspect's oral or written statements.  
\_\_\_\_\_  
\_\_\_\_\_

12. Where did the suspect pass the worthless check (place, address, city, state, zip code)?  
\_\_\_\_\_

13. Did the suspect pass the worthless check before or after the service or product was provided to the suspect? \_\_\_\_\_

14. State the full name, telephone number, and address of the person who accepted the check?  
\_\_\_\_\_  
\_\_\_\_\_

15. Is the person who accepted the worthless check available to testify? \_\_\_\_\_

16. If "no" please explain. \_\_\_\_\_

17. Did the person who accepted the worthless check verify that the photo on the suspect's driver's license matched the identity of the suspect? \_\_\_\_\_

18. Did the person who accepted the worthless check verify the suspect's identity by requesting to see his or her driver's license and verifying that the identifying information contained on the driver's license matched the identifying information on the check? \_\_\_\_\_

19. Can the person who accepted the worthless check verify the identity of the suspect? \_\_\_\_\_

20. Does the person who accepted the worthless check believe that the check was good when it was accepted? \_\_\_\_\_

21. Was the check post-dated for a future date? \_\_\_\_\_

22. How many checks were written for the product or service complained of? \_\_\_\_\_

23. What was the check number(s)? \_\_\_\_\_

24. What date(s) was the check(s) written? \_\_\_\_\_

25. What was the amount of each check? \_\_\_\_\_

26. What was the total amount of the check(s)? \$ \_\_\_\_\_

27. Describe how the check was dishonored (e.g., "insufficient funds," "stop payment")? \_\_\_\_\_

28. Has any partial or completed payments been made? \_\_\_\_\_ Describe payments:

\_\_\_\_\_  
\_\_\_\_\_

III. Other Pertinent Facts

1. Collected Restitution should be sent to (name, address, city, state, zip code)

\_\_\_\_\_  
\_\_\_\_\_

2. Contact Phone Number if additional information needed: \_\_\_\_\_

3. Include the original check(s) with this Complaint & Affidavit that shows the following on the face of the check:

- i. The name and address of the individual presenting the check.
- ii. The driver’s license number.
- iii. A telephone number of the individual presenting the check; and
- iv. Check was not post-dated.

4. The unopened certified letter returned to you as either “unclaimed,” “moved left no address,” etc. or the signed green card and proof of mailing receipt.

5. A copy of the certified letter that was sent to the check writer. A sample letter is available at the district attorney’s office.

6. All documents, agreements, writings, letters, etc. used and relied upon in the transaction.

7. All additional information that will aid the Office of the District Attorney review of the case.

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 MEINA COUNTY CRIMINAL DISTRICT ATTORNEY’S OFFICE HOT CHECK DIVISION.

\_\_\_\_\_  
(Signature of Affiant/Complainant)

\_\_\_\_\_  
(Printed Name of Complainant)

Sworn to and subscribed before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS