

AFFIDAVIT OF COMPLAINT

On this _____ day of _____, 20____, after being duly sworn,
comes _____, and for his/her Affidavit of Complaint,
answers the following questions under oath:

Name _____ Firm _____

Home Address _____ Bus. Address _____

City _____ City _____

Home Telephone _____ Bus. Telephone _____

Date Check Received _____ Date Check Written _____

Person Signing/Passing Check:

Name _____ Address _____

Telephone _____ City _____

Physical Description _____

Drivers License, Date of Birth, Etc.

Location: Where Was Check Received?

Name _____ Firm _____

Home Address _____ Bus Address _____

City _____ City _____

Home Telephone _____ Bus Telephone _____

Did Goods or Merchandise change Hands Upon Acceptance: Yes ____ No ____

Amount \$ _____

Describe Merchandise _____

Value \$ _____ Did Cash Change Hands Upon Acceptance: Yes ____ No ____

Reason Check Returned _____

(Insufficient Funds, No Account, Forgery)

Was check Postdated Yes ____ No ____

Has Partial Payment Been Accepted Yes ____ No ____

Was Check in Payment of An Account Yes ____ No ____

Was Agreement Made to Hold the Check Yes ____ No ____

Has Passer Been Notified Check Returned Yes ____ No ____

Specify How Notified _____

I hereby authorize the prosecuting attorney to institute criminal action against the maker of the check. It is understood that should the defendant desire to pay the amount of the check and service charge, payment will be accepted and a receipt given to the defendant, and then defendant will be told to immediately present the receipt to the court and that payment of the check will not necessarily result in dismissal of the criminal prosecution. The defendant will be told that the criminal charge must be handled through the court.

Date _____ Signature _____

Subscribed and sworn to before me, a notary public, on the _____ day of _____, 20____.

My commission expires: _____

Revised 6/2011

Notary Public