

**JOHN R. ROACH
CRIMINAL DISTRICT ATTORNEY
HOT CHECK CRIME REPORT AFFIDAVIT
FAST FILING PROGRAM**

The undersigned affiant, who after being duly sworn by me, makes the following Statements under oath; I have a good reason to believe and do believe that:

PID# _____
LETTER SENT _____
DATE PAID _____
RECEIPT # _____
REMARKS _____

NAME OF PERSON WRITING CHECK(S) _____ IDENTIFICATION# _____ STATE _____ DOB _____

IF YOU HAVE AN ADDRESS/PHONE NUMBER DIFFERENT FROM WHAT IS LISTED ON THE CHECK , PLEASE PRINT

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:

ITEM PURCHASED OR SERVICE	CHECK NUMBER	DATE WRITTEN	AMOUNT OF CHECK	HOW CHECK WAS DISHONORED			NAME OF PERSON WHO TOOK CHECK
				NSF	AC	OTHER	
_____	_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

DID YOUR BUSINESS VERIFY ID OF MAKER? _____ WAS CHECK A POST-DATED OR HOLD CHECK? _____

WAS CHECK DEPOSITED WITHIN 30 DAYS? _____ HAS PARTIAL PAYMENT BEEN MADE? _____

HAS ALL OR PART OF THE PROPERTY BEEN RETURNED? _____

CHECK WAS PASSED IN PERSON AT _____ IN COLLIN COUNTY.

NAME OF PERSON TAKING CHECK _____ ADDRESS _____ CITY, STATE, ZIP _____ PHONE # _____

DATE OF BIRTH _____ DL# _____

I hereby swear and affirm that the above information is true and correct to the best of my knowledge; that the above check(s) was given in Collin County, Texas; that said check(s) was not postdated or a hold check(s); and that said check(s) was believed to have been good when it was accepted; and that said check(s) was presented to the bank for payment within 30 days after receipt; that proper identification was required on each check listed above; 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; that I understand that if charges are filed, a warrant will be issued for the accused who may be placed in jail, if statutory notices are sent and the check remains unpaid. I understand that notice will be sent by the District Attorney's Office.

NAME OF MERCHANT _____ ADDRESS _____ CITY, STATE, ZIP _____ PHONE # _____

PRINTED NAME OF AFFIANT _____ AFFIANT'S SIGNATURE AND TITLE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____

My commission Expires _____ Notary Public in and for the State of Texas _____