



**ERLEIGH NORVILLE WILEY
CRIMINAL DISTRICT ATTORNEY
KAUFMAN COUNTY, TEXAS**

(469) 376-4771

FOR DA OFFICE USE ONLY:

CI# _____ PCT# N/A

ATTN: HOT CHECK DIVISION

AFFIDAVIT – Intake Form

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: _____ (Name of person writing check(s)) herein after called the accused, did commit the offense of the 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:

Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ DL# _____ State: _____
 DOB: _____ Sex: _____ Race: _____ Height: _____
 Weight: _____ Hair: _____ Eyes: _____

FACTS ABOUT THE CHECK(S)

Merchant: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Item Purchased or Service	Check Number	Date Written	Amount of Check	Can Witness ID? "Yes" of "No"	How Check Dishonored? NSF or AC	Person who took the check

Name of the Bank: _____

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 Kaufman County, Texas, that said check was not postdated or a hold check (s); and that said check (s) was believed to have been good when it was accepted; that I personally received said check (s) or that by virtue of employment I have the authority to make the 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. I swear that the check (s) was presented to the bank within 30 days after receipt of said check and that a first class letter was mailed to the accused and allowed the accused to make payment in full within 10 days required by law.

Dated this ____ day of _____, 20____.

Affiant's Signature and Title: _____

Typed/Printed Name of Affiant: _____

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

Notary Public in and for the State of Texas

My Commission Expires: _____