

PLEASE PRINT OR TYPE - FILL IN COMPLETELY

STATE OF TEXAS

COUNTY OF FANNIN

HOT CHECK INFORMATION & AFFIDAVIT

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 the person originally writing check(s)) hereinafter called the accused did commit the offense THEFT BY CHECK. My belief is based on the following facts, as shown by the appropriately completed information as set at below:

FACTS ABOUT THE ACCUSED

DL#: _____, State: _____, DOB: _____, SS#: _____

Description: Sex: _____, Race: _____, Height: _____, Weight: _____, Hair: _____, Eyes: _____

Home Address: _____, City: _____, State: _____, Zip: _____

Phone#:(_____-_____-_____) Business Address/Employer _____

City: _____, State: _____, Zip: _____, Phone#:(_____-_____-_____)

FACTS ABOUT THE CHECK(S)

Table with 7 columns: Check #, Date Written, Amount of Check, Person Who Took Check, Can He/She Identify Accused in Court, Check Given For Attached Sales Slip or Invoice, How Check Dishonored

(Attach additional sheets if necessary with all of the above information on each check, same to be incorporated herein, under oath, for all purposes.)

Was check(s) presented to bank within 30 days of receipt? Yes No

Did accused deliver the check(s) in person? Yes No ; If NO who delivered check? _____

Merchant Name: _____; Mailing Address: _____ Phone #: _____

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 Fannin 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.

Sworn to and subscribed before me on the _____ day of _____, 20____.

My commission expires:

Notary Public, State of _____

Notary's printed name: _____