

AFFIDAVIT/APPLICATION FOR CRIMINAL BAD CHECK ARREST WARRANT

I, _____ DO HEREBY FILE THIS APPLICATION FOR CRIMINAL PROSECUTION FOR:

Your Name

Business Name

Name of Person Who Signed Check

Mailing Address

Address

City State Zip Code

City State Zip Code

Phone Number

Phone Number

Name of the Bank/Financial Institution: _____

- 1st Check: \$ _____ Insufficient Funds (NSF) Account Closed Other: _____
 Amount Check# Date on Check A check returned for "Other" reasons, may require a bank explanation.
- 2nd Check: \$ _____ Insufficient Funds (NSF) Account Closed Other: _____
 Amount Check# Date on Check A check returned for "Other" reasons, may require a bank explanation.
- 3rd Check: \$ _____ Insufficient Funds (NSF) Account Closed Other: _____
 Amount Check# Date on Check A check returned for "Other" reasons, may require a bank explanation.

Yes No

1. Is the date on the check different from the date it was received by you the Payee (Victim)?
If yes, explain: _____
2. Was the check presented to the bank within 30 days of the date you received the check?
3. Did the person named on the check present identification? What is the person's birthdate _____,
4. Name of the person who received the check: _____
5. Was the check received in White County, GA?
6. Did the person who passed the check do any of the following in the presence of the person who accepted the check?: (a) Date check (b) Sign check .
7. Did you give merchandise, services, etc, at the time the check was received? If yes, what type of merchandise, service, etc. was given? _____
8. Was the check given to you for payment on a loan or any type of credit account?
9. At the Customer's request, was this check held for _____ days?
10. Is the Original or Bank Copy of the check attached?
11. Was a certified or registered demand notice sent within 90 days of the date of the check?
12. Is a copy of the demand notice sent to the name and address on the check attached?
13. Is the signed green card or the unclaimed letter attached?
14. Have you had any contact with the account holder about the returned check?
If yes, what response was given: _____.
15. Have you accepted any payments toward this check?

OFFICE USE ONLY

The above answers are true to the best of my knowledge and belief. I make this application/affidavit for a criminal citation/warrant to be issued for the accused. I agree not to accept any payments directly from the defendant, and understand if payments are accepted, any citation or warrant issued in this case will be dismissed, resulting in no further criminal prosecution on the above listed checks.

(Signature)

(Date)

(Receipt No.)

Sworn and subscribed to me, this _____ day of _____, 20____.

Criminal Code OCGA 16-9-20: _____Misdemeanor _____Felony

Case No. _____

Magistrate, White County, Georgia