



GREG WILLIS
CRIMINAL DISTRICT ATTORNEY

FAST FILING AFFIDAVIT

www.collincountyda.com

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 # (INCLUDE STATE)

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 a post-dated or hold check(s); that said check(s) was believed to have been good when it was accepted; 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; and that I understand that if charges are filed, a warrant will be issued for the accused, who may be placed in jail.

I understand that upon filing a check(s) with the Collin County Criminal District Attorney's Office, that organization assumes full control of the matter and the check(s) becomes a part of the official records of the Collin County Criminal District Attorney's Office and will not be returned to the complainant or the maker of the check(s), unless that office is unable to prosecute the case.

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 _____

Seal