ARMANDO R. VILLALOBOS
CRIMINAL DISTRICT ATTORNEY

WORTHLESS CHECK AFFIDAVIT

NSF # _ _ _ _ _ _ _ _ _ _ _ _ _ _

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

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

IF YOU HAVE AN ADDRESS AND PHONE NUMBER DIFFERENT FROM WHAT IS LISTED ON THE CHECK, PLEASE PRINT IN ABOVE.

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	CHECK NUMBER	CERTIFIED MAIL SIGNED FOR YES	NO	DATE WRITTEN	AMOUNT OF CHECK	HOW CHECK WAS DISHONORED NSF	AC	OTH	NAME OF PERSON WHO TOOK CHECK
_____	_____	☐	☐	_____	$ _____	☐	☐	☐	_____
_____	_____	☐	☐	_____	$ _____	☐	☐	☐	_____
_____	_____	☐	☐	_____	$ _____	☐	☐	☐	_____
_____	_____	☐	☐	_____	$ _____	☐	☐	☐	_____

CHECK WAS: POST-DATED YES ☐ NO ☐ A "HOLD" CHECK TO BE CASHED LATER YES ☐ NO ☐

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 Cameron County, Texas; that said check(s) was not postdated or a hold 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 a certified notice return receipt requested has been sent for all checks listed above and more than 10 days has passed and restitution has not been paid; 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 beholder; that I understand that if charges are filed, a warrant will be issued for the accused who may be placed in jail.

NAME OF MERCHANT ADDRESS CITY STATE ZIP CODE PHONE #

_____ _____
Typed/Printed Name of Affiant Affiant's Signature and Title

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

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

PLEASE TYPE OR PRINT CLEARLY