

AFFIDAVIT FOR PROBABLE CAUSE – ISSUANCE OF A BAD CHECK

I, _____, being duly sworn, upon oath, state that I have good reason to believe and do believe and charge before the making of the complaint that: On or about _____, 20____, in the Justice of the Peace, Pct.____, Hardin County, State of Texas, Defendant, _____ issued and passed check number _____, ~~to the order of~~ dated _____ day of _____, 20____, payable to the order of _____ drawn on _____ aaaaaaaaaaaaaaaaaa for the payment of money without having sufficient funds on deposit with the bank for the payment in full of the check.

Affiant is employed by _____ (Merchant) and is responsible for handling customer's checks. Affiant is personally familiar with the business practices of Merchant, which includes a requirement that before an employee of Merchant may accept a check from a customer, the employee must require that the customer display to the employee the customer's Texas Driver License or Texas Department of Public Safety personal Identification Card, that the employee must compare and determine whether they are one and the same person; and the employee must then write the customer's license or identification card number on the check and the employee initials to indicate that the procedures were followed.

Affiant has examined the business record of Merchant. Those records reflect that Merchant employs _____ (employee), that on _____, 20____, Employee in the course of employment with Merchant, accepted check number _____ from _____, Defendant, for the payment of money; that as indicated by Employee's notation on the check. Defendant presented Texas Driver License No. _____ or Texas Department of Public Safety Personal Identification Number _____ that the Employee compared Defendant with the photograph contained on the License/Personal ID and believed them to be one and the same.

Affiant has further examined the business records of Merchant, including the check, and those records reflect that the check was presented for payment within thirty (30) days after it was issued, and it was returned unpaid marked "_____". The records also show that on _____ date a written notice was sent to the Defendant by certified mail with return receipt requested and further show that as of the date of the Affidavit the defendant has not paid the check.

AGAINST THE PEACE AND DIGNITY OF THE STATE.

PRINTED NAME

SIGNATURE

SWORN TO AND SUBSCRIBED before me by the above signed complaint, this the _____ day of _____, 20____.

Notary Public/Court Clerk/Judge

COMPLAINT – ISSUANCE OF A BAD CHECK

IN THE NAME AND BY AUTHORITY OF THE STATE OF TEXAS:

Before me, the undersigned authority on this day personally appeared an undersigned affiant, who after being duly sworn on oath deposes and says that Affiant has good reason to believe and does believe and charge that _____, hereafter referred to as the Defendant, on or about _____ day of _____, 20____, and before making and filing this complaint in Hardin County, Texas, Justice Peace Pct.aaa, did then and there unlawfully issue and pass a check dated _____, 20____, payable to the order of _____ in the amount of \$_____ drawn on _____ for the payment of money knowing that there were not sufficient funds in or on deposit with the bank for payment in full of the check as well as all other checks and orders outstanding at the time of issuance.

AGAINST THE PEACE AND DIGNITY OF THE STATE.

PRINTED NAME

SIGNATURE

SWORN TO AND SUBSCRIBED before me by the above signed Affiant, this the _____ day of _____, 20_____.

Notary Public/Court Clerk/Judge

Defendant's Address:

Certified Letter Number _____

Date Mailed _____

**IN ORDER TO FILE AN ISSUANCE OF BAD CHECK CASE WITH THIS
OFFICE YOU MUST COMPLETE THE FOLLOWING**

Location where the check was received must be in Hardin County, Pct. # _____

Address where check was received _____

City _____ Zip _____ Telephone _____

Amount of Check \$ _____ Check Number _____ Date _____

Person who Issued the Check _____

Address _____

City _____ Zip _____ Telephone _____

Texas Driver License No. _____

Date of Birth _____

INDIVIDUAL FILING

Name and address to send the recovered funds:

Name _____

City _____ Zip _____ Telephone _____

Texas Driver License No. _____

Date of Birth _____

BUSINESS FILING

Business Name to whom the check was written _____

Business Tax ID No. _____

Contact Person Name _____

Business Name and Address to send the recovered funds:

Name _____

City _____ Zip _____ Telephone _____

Persons filing complaint _____

Position _____ Date _____