

AFFIDAVIT

STATE OF LOUISIANA - PARISH OF ST. TAMMANY

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

_____ (Person signing/issuing check)

hereinafter called the accused, did commit the offense of Issuing Worthless checks. My belief is based on the following facts, as shown by the appropriately completed information as set out below, to wit:

I. Victim Information:

Name (individual or business): _____
Mailing Address: _____
Street Address: _____
Phone Number(s): _____

II. Check Information:

Bank Name: _____ Full Account #: _____
Number Date Issued Date Presented to Bank Amount Reason Returned Post-Dated? (Y/N) Purpose of Check

Address Where Check Received: _____ In St. Tammany? Yes__ No__
Personally Delivered? Yes__ No__ If not, by whom? _____
Was check presented to the Bank for payment within 180 days? Yes ___ No ____. If no, why not? _____
Has any partial payment been made on this check? Yes ___ No ____. If Yes the check will not be handled by the District Attorney's Worthless Checks Division.

III. Person Signing / Issuing Check:

Name: _____
Address: _____
Was a Picture ID presented with the check? Yes ___ No __. What ID presented? _____
Govt. ID or Drivers License Number: _____ Date of Birth: _____ Phone: _____

IV. Certified Letter:

Was a ten day notification letter sent? Yes ___ No __ (Attach Return Receipt and Copy of Letter, or Returned Letter still in unopened envelope, to this form.)

Read Carefully:

I hereby swear or affirm that the above information is true and correct to the best of my knowledge; that I personally received said check(s) or by virtue of my employment I have the authority to make this affidavit. I AGREE NOT TO ACCEPT ANY RESTITUTION DIRECTLY FROM THE ACCUSED. I acknowledge that restitution may now be made solely through the WORTHLESS CHECK DIVISION of the District Attorney's Office. IF I ACCEPT RESTITUTION I WILL BE RESPONSIBLE FOR D.A. FEES. I understand that the decision to prosecute in this matter will be solely with the District Attorney's Office. I pray that the accused be arrested and dealt with according to law. The undersigned affiant hereby designates and appoints the District Attorney of the 22nd Judicial District as agent for the collection of all sums and fees associated with this affidavit.

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

Printed Name: _____

Signature and Date

Notary Public/Justice of the Peace/Judge

For District Attorney Use Only:
File Number: _____ Date Entered: _____