

BAD CHECK AFFIDAVIT
(Print or Type)

Comes now _____, and being duly advised of the pains and penalties for perjury and for signing a false crime report, now gives the following information:

- 1) I am submitting this information in support of a charge of Check Deception, a Class A misdemeanor for checks \$750 or less, and a Level 6 felony for amounts over \$750, against the following person:

BAD CHECK WRITER (Signer of bad check) _____
ADDRESS: _____ Telephone # (____) _____
CITY: _____ ST: _____ ZIP: _____ (____) _____
SSN: _____ - _____ - _____ RACE _____ SEX _____ Date of Birth: _____
DLN: _____ STATE OF LICENSE _____

- 2) All checks attached hereto were issued and/or delivered to the named payee (victim) at:

VICTIM/MERCHANT NAME: _____
ADDRESS: _____ Telephone # (____) _____
CITY: _____ ST: _____ ZIP: _____ (____) _____

in Spencer County, Indiana on or after the date states on the face of the check. No check was postdated. There was no request that any check be held.

- 3) CHECK # _____, in the amount of \$ _____, was issued on _____, for the payment of the following: _____

Accepted by: (Employee's name if other than you): _____
Address (personal or employer's address): _____
City: _____ ST: _____ ZIP: _____ Telephone # (____) _____

Dishonored due to: NSF ACCOUNT CLOSED OTHER _____

Identified by: Name and Address on check Social Security No. Date of Birth
 Driver's License No. Place of Employment Personal Knowledge
 Check Cashing Card Home Telephone Number

- 4) The following attempts were made to collect the attached check(s), (i.e. phone, letters etc.)

- 5) Information of the next page and in Exhibit A is incorporated herein as to additional checks.
- 6) All information was obtained in the normal course of business from the accused, from the delivered check, and or from an employee who has a duty to accurately record business and/or banking information.

I HEREBY AFFIRM UNDER PAINS AND PENALITES OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS _____ DAY OF _____, 20____.

PRINTED NAME: _____ SIGNATURE: _____

I hereby affirm under the pains and penalties for perjury that at least a fifteen (15) day notice was sent to the accused by first class mail at the address on the check(s) and that the check(s) had not been paid by the drawer's credit institution.

Jennifer Adams, Bad Check Coordinator

CHECK # _____, in the amount of \$ _____, was issued on _____,
for the payment of the following: _____

Accepted by: (Employee's name if other than you): _____

Address (personal or employer's address): _____

City: _____ ST: _____ ZIP: _____ Telephone #(_____) _____

Dishonored due to: NSF ACCOUNT CLOSED OTHER _____

Identified by: Name and Address on check Social Security No. Date of Birth
 Driver's License No. Place of Employment Personal Knowledge
 Check Cashing Card Home Telephone Number

CHECK # _____, in the amount of \$ _____, was issued on _____,
for the payment of the following: _____

Accepted by: (Employee's name if other than you): _____

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City: _____ ST: _____ ZIP: _____ Telephone #(_____) _____

Dishonored due to: NSF ACCOUNT CLOSED OTHER _____

Identified by: Name and Address on check Social Security No. Date of Birth
 Driver's License No. Place of Employment Personal Knowledge
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CHECK # _____, in the amount of \$ _____, was issued on _____,
for the payment of the following: _____

Accepted by: (Employee's name if other than you): _____

Address (personal or employer's address): _____

City: _____ ST: _____ ZIP: _____ Telephone #(_____) _____

Dishonored due to: NSF ACCOUNT CLOSED OTHER _____

Identified by: Name and Address on check Social Security No. Date of Birth
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