

# 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, class A misdemeanor or Theft, class D felony, 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 Hendricks County, Indiana on or after the date states on the face of the check. **NO CHECK WAS POST DATED.** There was no request that any check be **HELD** or **PARTIAL PAYMENTS RECEIVED.**

- 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 backside 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 PENALTIES OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I hereby affirm under the pains and penalties for perjury that at least a ten (10) day notice as 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.

RETURN TO: HENDRICKS CO. PROSECUTOR  
ATT: GALE HUTTE 1 COURT HOUSE SQUARE #105 DANVILLE, IN 46122  
745-9829 FAX: 718-6118

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GALE HUTTE, SPECIAL PROGRAMS COORDINATOR