

**LEON COUNTY ATTORNEY'S OFFICE WORTHLESS CHECK INFORMATION FORM**  
Please PRINT LEGIBLY or TYPE—FILL IN COMPLETELY

903-536-2131

**YOU MUST PROVIDE IDENTIFICATION OF CHECKWRITER**

Date \_\_\_\_\_

NAME OF PERSON SIGNING CHECK \_\_\_\_\_

(Last) (First) (Middle)

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Work or Business \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Is this a company check? \_\_\_\_\_ Checkwriter's relationship to company \_\_\_\_\_

\*\*\*Maximum five checks per form

How many checks are being filed? \_\_\_\_\_ Payable to \_\_\_\_\_

Merchant # \_\_\_\_\_ Check No(s) \_\_\_\_\_

Dates \_\_\_\_\_ Amounts \_\_\_\_\_

Was check thought to be good when taken? Yes  No  Was information on front of check verified? Yes  No

Was check post dated? Yes  No  Deposited within 30 days? Yes  No

Bank returned check stamped:  NSF  ACCOUNT CLOSED  OTHER \_\_\_\_\_

DESCRIBE PROPERTY OR SERVICE GIVEN FOR CHECK(S) (Attach a legible invoice): \_\_\_\_\_

Was all or part of property returned? \_\_\_\_\_

Was property delivered or service rendered in Leon County?  Yes  No

If no, where was property delivered or service rendered? \_\_\_\_\_

Was property delivered or service rendered at time check was received?  Yes  No If no, when? \_\_\_\_\_

NAME OF PERSON(S) ACCEPTING CHECK(S) \_\_\_\_\_  
(Include first and last names.)

Can he/she identify checkwriter?  Yes  No If no, who can? \_\_\_\_\_

Did signer of check deliver check in person?  Yes  No If no, who? \_\_\_\_\_

Did someone else see check delivered?  Yes  No (List name(s) of witness(es) on back.)

Can the witness(es) identify signer of check(s)?  Yes  No Or person delivering check(s)?  Yes  No

Was the letter mailed to the address printed on the check?  Yes  No

If not, to what address was the certified letter mailed and why? \_\_\_\_\_

Date letter mailed \_\_\_\_\_

Was return receipt signed?  Yes  No Who signed? \_\_\_\_\_ Date \_\_\_\_\_

Was letter returned?  Yes  No How was it marked? \_\_\_\_\_ Date \_\_\_\_\_

Where can person who signed check be located today? \_\_\_\_\_

Money collected should be sent to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Should we require more information, contact \_\_\_\_\_ Phone \_\_\_\_\_

**RESTITUTION:**

Has checkwriter made any restitution or signed a promissory note?  Yes  No If so, what amount? \_\_\_\_\_

When \_\_\_\_\_ Explain \_\_\_\_\_

I understand that my check may be accepted for collection purposes only, although the County Attorney cannot assure restitution, nor can the County Attorney guarantee that this complaint will be accepted for prosecution. If a decision is made to prosecute the checkwriter, this check will become part of the evidence file for the State of Texas. Please allow 60 days before an inquiry is made concerning this case. We will attempt to answer all inquiries but ask that requests be kept to a minimum because of the volume of complaints received. I hereby swear that the above information is true, correct and complete to the best of my knowledge. I understand that if charges are filed a warrant will be issued to have the checkwriter placed in jail. If necessary, the above named witness(es) may be required to appear against the checkwriter in a Criminal Court of Law.

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Complainant (Agent) \_\_\_\_\_