BRAZOS COUNTY ATTORNEY'S OFFICE WORTHLESS CHECK INFORMATION FORM

Please PRINT LEGIBLY or TYPE—FILL IN COMPLETELY

Date_____ (979) 361-4300

YOU MUST PROVIDE IDENTIFICATION OF CHECKWRITER

TDL_____
Other ID_____
_____

DOB_____
Race_____ Sex_____
Age_____ Hgt._____
Wt._____ Hair_____

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 Brazos 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

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Was the certified 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)