

AFFIDAVIT FOR PROBABLE CAUSE
(Issuance of Bad Check-Penal Code §32.41 by Individual)

THE STATE OF TEXAS §

COUNTY OF FORT BEND §

I, _____ (*name of Affiant*) being duly sworn, upon oath state that I have good reason to believe and do believe and charge that before the making of this complaint, that:

On or about _____ (*date of transaction*), Defendant _____ (*name of defendant*) did unlawfully and knowingly within the boundaries of Justice of the Peace, Precinct No. 1, of Fort Bend County, Texas did then and there issued and passed a check for the payment of money, dated _____ (*date of check*) payable to the order of _____ (*name of payee*) in the amount of \$ _____ (*amount of check*) drawn on _____ (*name of Bank*) without having sufficient funds on deposit with the bank for the payment in full of the check.

I am an individual and a resident of _____ County, Texas. On _____, I was given a check for payment of money by Defendant. I know and am able to identify Defendant because (*stating only facts, not conclusions, describe how the Defendant is known to you*):

The check was passed at _____ (*describe location and address*). I presented the check to _____ Bank within thirty (30) days after it was issued for payment, and it was returned to me marked " _____ " (*reason for non-payment of check*).

On _____, I gave Defendant notice of the bank's refusal to pay, in writing, sent by certified mail with return receipt requested, addressed to the Defendant at the address shown on the check and containing the following statement:

"THIS IS A DEMAND FOR PAYMENT IN FULL FOR A CHECK OR ORDER NOT PAID BECAUSE OF A LACK OF FUNDS OR INSUFFICIENT FUNDS. IF YOU FAIL TO MAKE A PAYMENT IN FULL WITHIN TEN (10) DAYS AFTER THE DATE OF RECEIPT OF THIS NOTICE, THE FAILURE TO PAY CREATES A PRESUMPTION FOR COMMITTING AN OFFENSE, AND THIS MATTER MAY BE REFERRED FOR CRIMINAL PROSECUTION."

As of the date of this Affidavit, the Defendant has not paid the check.

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20_____.

Clerk, Fort Bend County,
Justice Court, Precinct 1 Place 2

FORT BEND COUNTY JUSTICE COURTS
CRIMINAL COMPLAINT
Issuance of a Bad Check, Penal Code §32.41

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS:

Before me, the undersigned authority, on this day personally appeared the undersigned Affiant, who, after being duly sworn, on oath deposes and says that Affiant has good reason to believe and does believe and charge that on or about _____ and before the making and filing of this complaint, in Fort Bend County, Texas,

(Name of Defendant)

did then and there unlawfully and knowingly within the boundaries of Justice of the Peace, Precinct No. 1, of the said County and State, then and there issue and pass a check for the payment of money, dated _____ payable to the order of _____ at the address of _____ *(street address, city & zip code)*, located within the boundaries of Precinct No 1 of Fort Bend County, in the amount of \$_____, drawn on _____ *(name of Bank)* knowing that there were not sufficient funds in or on deposit with the Bank for the payment in full of the check as well as all other checks outstanding at the time of issuance.

Against the peace and dignity of the State.

Affiant's Signature

Printed Name

SWORN TO AND SUBSCRIBED BEFORE ME ON _____ day of _____, 20_____.

Clerk , Fort Bend County, Justice Court, Pct.1 Place 2 or
Notary Public, State of Texas

Printed Name

My Commission Expires

ISSUANCE OF A BAD CHECK
INFORMATION SHEET

PLEASE PRINT

DEFENDANT

FACTS ABOUT THE ACCUSED (DEFENDANT)

Name of person who signed this check _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Sex: _____ Ht: _____ Wt: _____ Eyes: _____ Hair: _____ DOB: _____ Race: _____
SSN: _____ TX/DL#: _____ Amount of: \$ _____
Check No: _____ Date written: _____ Acct.#: _____
Location where check received (*physical address*) _____
City: _____ County: _____ State: _____ Zip: _____

Check was received: From Accused In Person By Mail Other

Check was exchanged for: Property/Merchandise Service Other

Bank Returned Check Stamped: NSF Account Closed Stop Payment Other

Check was: Deposited w/in 30 days Post Dated A Held Check

AFFIANT

(The Person who is signing the Complaint Form)

Name: _____ Business Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Number: _____ Business Number: _____

Name of person who accepted/received check: _____

Was a drivers license and or other identification presented at the time check was received? Yes No
If yes: _____

ITEMS TO BE SUBMITTED WITH THIS COMPLAINT

- Original Check
- The Certified Letter or Green Card
- Receipts/Invoices
- Copy of Demand Letter