AFFIDAVIT/APPLICATION FOR CRIMINAL BAD CHECK ARREST WARRANT

I, _____
Your Name

_____
Business Name

_____
Physical Address

_____
Mailing Address

_____ _____ _____
City State Zip Code

_____
Phone Number

DO HEREBY FILE THIS APPLICATION FOR CRIMINAL PROSECUTION FOR:

_____
Name of Person Who Signed Check

_____
Address

_____ _____ _____
City State Zip Code

Why was the check(s) returned from the Bank/Financial Institution? ☐ Insufficient Funds ☐ Account Closed
☐ Other: _____
(Attach bank documentation indicating inadequate funds)

$_____	_____	_____
Amount of 1st Check	Check Number	Date
$_____	_____	_____
Amount of 2nd Check	Check Number	Date
$_____	_____	_____
Amount of 3rd Check	Check Number	Date

	Yes	No	
1.	☐	☐	Is the date on the check different from the date it was given to the Payee (Victim)?
2.	☐	☐	Was the check presented to the bank within 30 days of your receipt?
3.	☐	☐	Was identification produced and documented on the check?
4.	☐	☐	Name of the person who received the check: _____
5.	☐	☐	Did the person who passed the check do any of the following in the presence of the person who accepted the check?: (a) Date check ☐ (b) Sign check ☐.
6.	☐	☐	For what reason was the check written? Ie: gas, food, etc. _____
7.	☐	☐	Did the Victim give the merchandise, services, etc, at the time the check was given?
8.	☐	☐	At the Customer's request was this check held for _____ days?
9.	☐	☐	Is the Original of the Check and a copy of the 10-day letter attached?
10.	☐	☐	Was the certified or registered letter sent within 90 days of the date of the check?
11.	☐	☐	Is the green card from the certified or registered letter or the unclaimed letter attached?
12.	☐	☐	Was there any response from the maker of the check when contacted about the returned check to the store? _____.
13.	☐	☐	Have you accepted any payments toward this check?

OFFICE USE ONLY

The above answers are true to the best of my knowledge and belief. I make this application/affidavit for a criminal citation/warrant to be issued for the accused.

_____ _____ _____
(Signature) (Date) (Receipt No.)

Sworn and subscribed to me, this _____ day of _____, 200____.

_____
Magistrate, White County, Georgia

Citation/Warrant approved: _____Yes _____No
If not, why was it not approved? _____
Criminal Code OCGA 16-9-20: _____Misdemeanor _____Felony
$_____
(Bond)