



# Susan D. Reed District Attorney

## BEXAR COUNTY DISTRICT ATTORNEY'S OFFICE WORTHLESS CHECK INFORMATION FORM

Please PRINT LEGIBLY or TYPE in Duplicate – FILL IN COMPLETELY

### YOU MUST PROVIDE IDENTIFICATION OF CHECK WRITER

Date: \_\_\_\_\_

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

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

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

Is this a Company Check?  Yes  No Check writer's relationship to Co. \_\_\_\_\_

NAME OF PERSON ACCEPTING CHECK \_\_\_\_\_

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

Can he/she identify check writer?  Yes  No Did signer of check deliver in person?  Yes  No If no, who? \_\_\_\_\_

How many checks are being filed? \_\_\_\_\_ Check No(s) \_\_\_\_\_

Date(s) \_\_\_\_\_ Amount(s) \_\_\_\_\_

Bank \_\_\_\_\_ Payable to \_\_\_\_\_

Was check presented or deposited to a financial institution within 30 days?  Yes  No Was check post dated?  Yes  No

Was check a hold check?  Yes  No

Reason financial institution returned or did not accept check:  NSF  ACCOUNT CLOSED OTHER (Specify) \_\_\_\_\_

DESCRIBE IN CONCISE DETAIL PROPERTY OR SERVICE GIVEN FOR CHECK(S): (Attach any supporting documentation) \_\_\_\_\_

Where was property or service rendered? \_\_\_\_\_

Is this location in Bexar County?  Yes  No Was property delivered or service rendered at time check was received?  Yes  No

If no, when \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

### RESTITUTION:

Has check writer made any restitutions 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 District Attorney cannot assure restitution, nor can the District Attorney guarantee that this complaint will be accepted for prosecution. I understand that I may redeem my check in 60 days if it is accepted for collection purposes only. If a decision is made to prosecute the check writer, this check will become part of the evidence file for the State of Texas. **Please allow 60 days before a written inquiry is made concerning the 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 check writer placed in jail. If necessary, the above names witness(es) will be required to appear against the check writer in a Criminal Court of Law.

Signature of Complainant (Agent)

Texas Drivers License No. of Complainant (Agent)

D.A. CHECK SECTION  
CADENA-REEVES JUSTICE CENTER  
300 DOLOROSA ST. SUITE 5175  
SAN ANTONIO, TEXAS 78205-3031

DA Use Only: