

**AFFIDAVIT**  
**STATE OF LOUISIANA - PARISH OF WASHINGTON**

The undersigned affiant, after being duly sworn by me, makes the following statements under oath. I have good reason to believe and do believe that:

\_\_\_\_\_  
(Person signing/issuing check)

hereinafter called the accused, did commit the offense of Issuing Worthless checks. My belief is based on the following facts, as shown by the appropriately completed information as set out below, to wit:

**I. Victim Information:**

Name (individual or business): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**II. Check Information:**

Bank Name:	Full Account #:					
Number	Date Issued	Date Presented to Bank	Amount	Reason Returned	Post-Dated? (Y/N)	Purpose of Check
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Address Where Check Received: \_\_\_\_\_ In WA Parish? Yes\_\_ No\_\_  
Personally Delivered? Yes\_\_ No\_\_ If not, by whom? \_\_\_\_\_  
Was check presented to the Bank for payment within 180 days? Yes \_\_\_ No \_\_\_\_. If no, why not? \_\_\_\_\_  
Has any partial payment been made on this check? Yes \_\_\_ No \_\_\_\_. If Yes the check will not be handled by the District Attorney's Worthless Checks Division.

**III. Person Signing / Issuing Check:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Was a Picture ID presented with the check? Yes \_\_\_ No \_\_. What ID presented? \_\_\_\_\_  
Govt. ID or Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

**IV. Certified Letter:**

Was a ten day notification letter sent? Yes \_\_\_ No \_\_ (Attach Return Receipt and Copy of Letter, or Returned Letter still in unopened envelope, to this form.)

**Read Carefully:**

I hereby swear or affirm that the above information is true and correct to the best of my knowledge; that I personally received said check(s) or by virtue of my employment I have the authority to make this affidavit. I AGREE NOT TO ACCEPT ANY RESTITUTION DIRECTLY FROM THE ACCUSED. I acknowledge that restitution may now be made solely through the WORTHLESS CHECK DIVISION of the District Attorney's Office. IF I ACCEPT RESTITUTION I WILL BE RESPONSIBLE FOR D.A. FEES. I understand that the decision to prosecute in this matter will be solely with the District Attorney's Office. I pray that the accused be arrested and dealt with according to law. The undersigned affiant hereby designates and appoints the District Attorney of the 22nd Judicial District as agent for the collection of all sums and fees associated with this affidavit.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Printed Name: \_\_\_\_\_

Signature and Date

\_\_\_\_\_  
Notary Public/Justice of the Peace/Judge

For District Attorney Use Only: File Number: _____ Date Entered: _____
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