

**AFFIDAVIT – ISSUANCE OF A BAD CHECK**

CAUSE NO. \_\_\_\_\_

IN THE NAME AND BY AUTHORITY OF THE STATE OF TEXAS

PERSONALLY APPEARED before me the undersigned authority, this affiant, who after being by me duly sworn, deposes and says your affiant has good reason to believe and does believe that one (DEFENDANTS NAME) \_\_\_\_\_

hereinafter styled Defendant, heretofore on or about the \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_ in the County of Jefferson and State of Texas, did unlawfully and knowingly within Justice of the Peace, Precinct One, of said county and state, then and there issue and pass to (MERCHANTS NAME) \_\_\_\_\_

a check for payment of money being of the tenor following:

MERCHANTS NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NO \_\_\_\_\_  
REASON RETURNED (circle one)    NSF    ACCOUNT CLOSED    UNABLE TO LOCATE  
DATE CERTIFIED LTR SENT \_\_\_\_\_ CHECK NO. \_\_\_\_\_ DATED \_\_\_\_\_  
PAYABLE TO THE ORDER OF \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_  
SIGNED BY \_\_\_\_\_ DRAWN ON THE BANK OF \_\_\_\_\_  
ACCOUNT NO \_\_\_\_\_ RETURNED CHECK FEE \$ \_\_\_\_\_

and the said defendant knowing at the time of issuance and passing of the aforesaid check that he did not have sufficient funds on deposit with the bank on which said check was drawn for the payment in full of the check as well as all other checks and orders then outstanding.

Against the peace and dignity of the State.

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

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
JEFFERSON COUNTY, TEXAS

\_\_\_\_\_  
AFFIANT SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE NO

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**ORDER**

Based on the above affidavit and the facts in this cause, I have made determination that probable cause exists and instruct the clerk to issue a warrant for the arrest of the Defendant.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Justice of the Peace Pct 1, PI 2

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**INFORMATION ON DEFENDANT**

(WE NEED AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE)

Defendant Name: \_\_\_\_\_  
Res. Address: \_\_\_\_\_ Bus Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
TXDL: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_

WE **CANNOT** ACCEPT STOP PAYMENT, UNCOLLECTED FUNDS, OR BALANCE HELD.

NAME OF WITNESS THAT CAN IDENTIFY SUBJECT

\_\_\_\_\_