

WORTHLESS CHECK INFORMATION

**DUSTY GALLIVAN
ECTOR COUNTY ATTORNEY**

Check Writer Information:

Name: _____
Address: _____
Driver's License # _____ State: _____ Sex: _____ DOB: _____
Home Phone: _____ Work Phone: _____
Date Letter sent to check writer by regular mail: _____

Merchant Information:

Business: _____
Phone Number: _____ Manager: _____
Business Address: _____
Mailing address for restitution: _____
Cashier's name who took the check: _____
Cashier's address: _____
What was purchased with the check: _____
Has partial payment been accepted: YES _____ NO _____ Amount: _____

My signature below CERTIFIES that I fully understand and assert the truth of the following facts concerning my complaint:

1. The County Attorney's Office assumes FULL control and disposition of this case.
2. Upon collection of restitution or conviction, check(s) are retained by the County Attorney as part of this office and WILL NOT be returned to the payee of this check.
3. After the filing of this check(s), restitution CANNOT be accepted by anyone other than this office. Article 31.06 of the Texas Penal Code states: "A complaining witness commits an offense if, after criminal proceedings have been instituted, he solicits, accepts or agrees to accept any benefit in consideration for abstaining from, discontinuing or delaying the prosecution of another for any offense"
4. I understand that if charges are filed, a warrant will be issued for the maker of the check, and it is my responsibility as the complainant or person accepting the check to identify, if necessary, the maker in a court of law.
5. Although we attempt to collect restitution, the County Attorney's Office is not a collection agency.
6. The County Attorney's Office CAN NOT GUARANTEE restitution.
7. The check was thought to be good when taken.
8. The check was passed in ECTOR COUNTY, TEXAS.
9. The check was NOT a hold check or post-dated check.
10. The check was deposited within 30 days of receipt.
11. The check WAS NOT a payment on account.
12. Restitution or partial payment has not been paid on this check, except as indicated above, and no property has been returned.
13. I further certify that this business displays on its premises notice that the business collects a check collection fee (Merchant Fee) in the amount of \$_____. However, I understand that the Ector County Attorney will not collect a Merchant Fee in excess of \$30.00.
14. It is my responsibility to notify the County Attorney's Office of any change in my address change in ownership or other appropriate recipient for restitution herein.

I hereby swear that the above information is true and correct to the best of my personal knowledge and belief.

Complainant

Subscribed and Sworn before me on this the ____ day of _____, 20____.

Notary Public State of Texas

For County Use Only:

PID # _____
Check ID # _____