

Reporting Area _____

Item# _____

AFFIDAVIT
STATE OF LOUISIANA
PARISH OF JEFFERSON

The undersigned affiant, after being duly sworn by me, makes the following statements under oath:

I have good reason to believe that _____, did commit the offense of Issuing Worthless Checks contrary to the forms of Louisiana R.S. 14:71, in such cases made and provided, and against the peace and dignity of the same. My belief is based on the following facts, as shown by the appropriately completed information as set out below, to wit:

VICTIM:

INDIVIDUAL OR BUSINESS _____

STREET ADDRESS _____ CITY/STATE _____ ZIP _____ PHONE _____

PERSON ACCEPTING CHECK _____

HOME ADDRESS _____ CITY/STATE _____ ZIP _____ HOME PHONE _____

CHECK INFORMATION:

ATTACH SUPPLEMENTAL SHEET TO LIST ADDITIONAL CHECKS

NUMBER	DATE	AMOUNT	REASON RETURNED	POSTDATED	YES OR NO	PURPOSE OF CHECK
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Merchandise _____
Services _____
Cash _____
Other (Specify): _____

ADDRESS WHERE CHECK RECEIVED: _____

PERSONALLY DELIVERED? YES _____ NO _____ IF NOT, BY WHOM? _____

PERSON ISSUING CHECK:

NAME: _____

STREET ADDRESS _____ CITY/STATE _____ ZIP _____ PHONE _____

DRIVER'S LICENSE #/STATE _____ DATE OF BIRTH _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

EMPLOYER _____ PHONE _____

CERTIFIED LETTER: ATTACH CERTIFIED DOCUMENTATION TO THIS FORM.

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 SECTION** of the Jefferson Parish District Attorney's Office. I understand that the decision to prosecute in this matter will be solely with the Jefferson Parish District Attorney's Office. I pray that the accused be arrested and dealt with according to law.

Signature of Reporting Person/Date _____ Print Name _____

Jefferson Parish District Attorney

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

Affiant's Signature/Date _____ Print Name _____

* File Number _____

* Check Total _____

* N.S.F. _____

* D.A. Fee _____

NOTARY PUBLIC/EX-OFFICIO NOTARY

FIRST JUSTICE OF THE PEACE