

AFFIDAVIT STATING PROBABLE CAUSE

Issuance of Bad Check

Texas Penal Code, Article 32.41

****Statute of Limitations- Two (2) Years****

Cause Number: *(issued by the court)* _____

THE STATE OF TEXAS

VS.

**IN THE JUSTICE COURT, PRECINCT THREE
NACOGDOCHES COUNTY, TEXAS**

File Date: _____

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS

I, _____ (AFFIANT), being duly sworn, upon oath state that I have good reason to believe and do believe and charge before making of this complaint, that:

On or about the ____ day of _____, 20____, in the County of Nacogdoches, State of Texas, _____ (defendant's name) Defendant, issued and passed:

CHECK NO. _____ CHECK DATED _____ IN THE AMOUNT OF \$ _____

BANK OF _____ ACCOUNT # _____

PAYABLE TO THE ORDER OF: _____

for the payment of money without having sufficient funds on deposit with the bank for the payment in full of the check.

Affiant is _____ who handles customer's checks. Affiant is personally familiar with the business practices of _____ (BUSINESS NAME)

I, as affiant, have personal knowledge of the above facts and I have examined such check that was not honored by the bank and on its face such check, through markings placed on the check by the bank, was dishonored and returned marked:

Insufficient Funds **Closed Account** **Other** _____.

The records show that on the ____ day of _____, 20____, a written notice was sent to the Defendant by certified mail with return receipt requested, and further show that as of the date of the Affidavit, the Defendant has not paid the check.

Based on this information, the undersigned prays that the court issue a finding of fact that probable cause exists to believe a crime has been committed and that there is probable cause to believe the above named defendant has committed said crime

Affiant Signature

Subscribed and sworn to before me this ____ day of _____, 20____

Notary Public/ Court Clerk

Defendant's Information	
Address: _____	
Phone: _____	Date of Birth: _____
Driver's License/ID: _____	State: _____
Account No.: _____	Cert. Mail No.: _____
Date Mailed: _____	

AFFIANT'S NAME _____ PHONE NO _____
ADDRESS _____ CITY/ST/ZIP _____