

# Justice of the Peace Precinct \_\_\_\_ Issuance of Back Check – Information Sheet Texas Penal Code Subchapter D – Sec. 32.41

#### **BAD CHECK ISSUED BY**

Name:	Date of Birth	Gender:			
Driver's License No.	State	Race:			
Home Address:					
Work Address:					
Telephone Number: Cell:	Work:	Home:			
	COMPLAINANT				
Name:					
Address:					
Name of Person Accepting C	heck:				
Can the person who accepted	l the check identify the person who issu	ned the check? Y N			
Did you or your employee (if number recorded on the che	applicable) look at the check writer's ck? Y N	driver's license or ID and is that			
	CHECK INFORMATION				
Amount of Check: \$	Date of Check:	Check Number:			
Date check accepted:	Date Check preser	Date Check presented at bank:			
Items/Services/Performance	purchased with check? (Please be spec	ific):			
Location where check was is	sue/passed:				
Reason check returned:	Insufficient Funds No Acc	ount Account Closed			
	No Funds Refer to	Maker			
Complainant's Signature:		Date:			



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

I,	, being duly sw	orn to state on my	oath that I have	e good reason to believe
and do believe be	efore the making and filing of this com	plaint that on or ab	out the	day of
	,, in the Cou	ınty of Hardin and	State of Texas,	
			of Birth:	did then and
there issue or pas	ss a check in the amount of \$	on the	Bank of:	
in	, Texas to	for the payment of money then		
and there knowin				
the accuse	ed did not have sufficient funds in and o	on deposit with sai	d bank for payn	nent in full of the check at
	nce. The original check or bank imaged	-		
the accuse	ed did not have an existing open accour	nt with the bank at	the time the acc	cused issued or passed such
	nal check or bank copy of the original o			1
8	1,			
AGAINST THE	PEACE AND DIGNITY OF THE STA	ATE.		
		Complaina	nt	<del></del>
	SUBSCRIBED before me by			on, this the
	day of	, 20		
		N. D. 1	1: /0 / 01 1	/1 1
		Notary Pub	lic/Court Clerk	Judge

### AFFIDAVIT OF SERVICE BY FIRST CLASS MAIL

BEFORE ME, the undersigned authority	, who stated under o	oath:		
"My name is	. I am above the age of eighteen years and fully			
competent to make this affidavit. I am th	ne owner/representat	ive of		
at	, phone number thin my personal knowledge and are true and correct.			
The facts stated in this affidavit are with	in my personal knov	vledge and are true and correct.		
On, a letter wa	s sent in writing to:			
by First Class Mail and deposited in a re Office with the following information co		mail delivery by the United States Post		
Returned check information: Ck#	Ck Date			
"This is a demand for payment in full for insufficient funds. If you fail to make parentice, the failure to pay creates a presurreferred for criminal prosecution."	yment in full within	10 days after the date of receipt of this		
		Affiant's Signature		
SWORN TO AND SUBSCRIBED before the day of	-	lic in and for the State of Texas, on this		
		Notary Public		

## **DEMAND FOR PAYMENT**

Date:			
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
Dear			
Your check number	, drawn on		
dated and made	e payable to		
	in the a	amount of \$	
has been returned by the bank mar	ked		
The total amount due is \$_	which inc	ludes a \$	service
charge.			
"This is a demand for payment in the insufficient funds. If you fail to matthis notice, the failure to pay create may be referred for criminal prosecution."	ake payment in full within 1 es a presumption for commi	0 days after the date	e of receipt of
Sincerely,			
Please submit total amount due to	the following address.		