



John M. Tyson, Jr.  
 Mobile County District Attorney's  
 Check Enforcement Unit  
 P.O. Box 1605 Mobile, AL 36633

For official use

# Worthless Checks prevention & recovery

## Worthless Check Affidavit

**Staple Original Check Here**

This form must be completely filled out before any action can be taken on checks turned over to the Mobile County District Attorney's Check Enforcement Unit. This office reserves the right to determine if criminal action will be taken on any check matter referred to us.

READ CAREFULLY: I certify that the information furnished below is true and correct to the best of my knowledge, belief and information. I understand that this case is not brought for the collection of a CIVIL debt. I understand that once the case is turned over to the prosecution, I must pay a \$30.00 fee if I personally collect or withdraw the check from your office. I understand that I have no further connection with the case except to testify in the event that the case is brought to trial. Any person who wrongfully and corruptly swears or affirms to an affidavit may be subject to criminal charges for the offense of perjury.

**Check Writer Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Check Information**

**Check Number:** \_\_\_\_\_ **Date Passed:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

What was the check written for? (check one) Merchandise Cash Service Rent

Did you agree to "hold" the check for any period of time before presenting it for payment? Yes No

Was the check accepted for security purposes only? Yes No Was the check postdated? Yes No

Can positive identification of the check-writer be made? Yes No

Was the check presented in Mobile County, AL? Yes No Was the check given as payment of a loan? Yes No

Has any payment been made on this check? Yes No

Name of person who accepted this check: \_\_\_\_\_

**Victim Information**

**Company Owner's Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Company or Individual Name:** \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Print name of person who will sign this warrant:** \_\_\_\_\_

**For official use**

Magistrate: \_\_\_\_\_ Date: \_\_\_\_\_

Affiant: \_\_\_\_\_ Date: \_\_\_\_\_