

**STATE OF LOUISIANA
PARISH OF PLAQUEMINES**

**VICTIM/MERCHANT AFFIDAVIT OF CRIMINAL COMPLAINT
(FOR EACH RETURNED CHECK)**

I, _____, known hereafter as Victim, do state that the following information is COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF:

Victim's name: _____

Address: _____

City, State, Zip Code: _____

Telephone/Fax: _____ / _____

Employee who accepted check: _____

Employee home address: _____

City, State, Zip Code: _____

Telephone/Cell: _____ / _____

(IF KNOWN)

Other witness: _____

Witness home address: _____

City, State, Zip Code: _____

Telephone/Cell: _____ / _____

Check writer's name: _____

Address: _____

City, State, Zip Code: _____

Telephone/Cell: _____ / _____

Driver's license number (State): _____ (_____)

Race: _____ **Gender:** _____ **DOB:** _____

SSN: _____

(IF KNOWN)

Check writer's employer: _____

Address: _____

City, State, Zip Code: _____

Telephone/Fax: _____ / _____

Occupation: _____

Furthermore, my employees or I can identify the check writer and that this check was accepted on the date shown on the face of the attached check in payment for the merchandise, goods or services described below:

Date on face of check:

Date of acceptance of check:

Location of acceptance of check:

(Note: Location must be in Plaquemines Parish)

Bank check was drawn upon:

Bank where check was deposited:

Reason marked by bank for non-payment:

Amount of check:

**Payable by
(Payor):** _____

Check Account Holder

Payable to (Payee):

To Whom Check Is Payable To

Signed by (Payor):

Signer on Check

Merchandise, Goods, or Services exchanged for check:

Value of Merchandise, Goods or Services exchanged for check:

Furthermore, that upon receiving the return of the attached check with notation of non-payment from my bank, I did cause to be mailed the attached 10 day demand letter to the above named check writer at the above address and that I did cause to be deposited this demand letter in the U.S. Mail for **CERTIFIED-RETURN RECEIPT REQUESTED** mailing on:

DATE OF MAILING: _____

That I have received the attached return receipt or unclaimed letter back and that 10 days have elapsed from the original date of deposit of the demand letter in the U.S. Mail.

I also affirm by my initials, that that the check attached:

_____ **was not taken in payment of an antecedent debt,**

_____ **was not payment against a loan or other credit arrangement,**

_____ **was not payment against an open account, NO NET BILLING**

_____ **has not been returned by the bank due to a STOP payment order,**

_____ **was not taken by me to be held against future payment,**

_____ **was not pre or post dated check,**

_____ that there has been no notice to me that this check is subject to a
bankruptcy, and

_____ that there was no indication to me at the time of this check that the check
writer
did not have sufficient funds to cover the amount of this check.

Furthermore, I understand that I am presenting this check to the District Attorney
for criminal prosecution and affirm that my employees and I will cooperate in the
prosecution of this crime. We will not request that this prosecution be dismissed
nor will we accept any payments on this check. We will refer all inquiries to the
District Attorney. I also agreed to notify the District Attorney of any change in
address.

Signature of Victim

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of
_____, 2____.

Notary Public

Commission Expires

CHECK DOCUMENTATION (FOR EACH CHECK)

ATTACH CHECK

ATTACH U.S. MAIL RETURN RECEIPT OR UNCLAIMED LETTER

**ALSO ATTACHED TO THIS PAGE IS A COPY OF THE 10 DAY DEMAND
LETTER THAT WAS MAILED**

DOCUMENTATION OF EXCHANGE (FOR EACH CHECK)

1. Attach documentation of sale (invoices, sales receipts) of merchandise, goods, or services.
2. Attach documentation of value (MSRP, fee schedule, or “blue book”) of merchandise, goods, or services.
3. Attach documentation of check writer’s identification (e.g. driver’s license).
4. Attach photographs of check writer taken at time of sale.