

**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 (Firm name if a business): _____
Address: _____
Telephone/Fax: _____ / _____

Employee who accepted check: _____
Employee residence address: _____
Telephone Residence/Business: _____ / _____

Check writer's name: _____
Address on check: _____
Address on Driver's license: _____
Telephone Residence/Cell: _____ / _____
Driver's license number (State): _____ (_____)
Race: _____ **Gender:** _____ **DOB:** _____
SSN: _____

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 check: _____ **Date passed:** _____ **Amount:** _____
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: _____
Check issued for: _____

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: _____
Attach a copy of the letter and the return receipt

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