

**COMPLAINT/AFFIDAVIT ISSUANCE OF A BAD CHECK**

**Cause No.**- \_\_\_\_\_  
(docket no.)

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS personally appeared before me the undersigned authority, this affiant, who after being by me duly sworn, deposes and says your affiant has good reason to believe and does that:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Defendant's Name) (DL#) (D.O.B.)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Defendant's Address) (City) (State) (Zip)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_  
(Defendant's Phone Number) (Check No.) (Check Amount)

Hereinafter known as defendant, on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

In the County of **ANGELINA** and State of **TEXAS** at \_\_\_\_\_  
(Store name and city or address of location check received)

did unlawfully within the **Justice of the Peace Precinct 1**. Pass a check for payment of money being of the tenor following:

ATTACH CHECK HERE

And the said defendant knowing at the time of issuance and passing of the aforesaid check, did not have sufficient funds on deposit with the bank on which said check was drawn for the payment in full of the check as well as all other checks and orders then outstanding. AGAINST THE PEACE AND DIGNITY OF THE STATE OF TEXAS:

\_\_\_\_\_  
**Print name of Affiant**

\_\_\_\_\_  
**Signature of Affiant**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Address) (City) (State) (Zip)

\_\_\_\_\_  
(Phone)

SWORN AND SUBSCRIBED TO ME ON THE \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Court clerk, Angelina County, Texas

\_\_\_\_\_  
Notary Public

Notary Seal

# RESTITUTION INFORMATION

*Please complete this form for payment of Restitution from the Court to the Plaintiff.*

**Restitution to be made payable to:**

\_\_\_\_\_  
*Print Name of Person / Company restitution payable to*

**Restitution to be sent to:**

\_\_\_\_\_  
*Print street address or PO Box No. restitution to be sent to*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

**Name and Phone Number of Person Completing this form:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone No.*