



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: _____