

**STATE OF LOUISIANA  
PARISH OF EAST BATON ROUGE**

**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 East Baton Rouge 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.**

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**Signature of Victim**

**SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.**

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**Geraldine S. Murphy  
Investigator and Ex-Officio Notary Public**

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**My 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.