



**Christina Sanchez  
El Paso County Attorney**

**COMPLAINT AND AFFIDAVIT OF THEFT BY CHECK**

**The undersigned affiant personally appeared before me, the undersigned authority, who after being duly sworn makes the following statements under oath:** I have good reason to believe and do believe that in El Paso County, Texas, on the date(s) listed below, \_\_\_\_\_, hereinafter called "Defendant," intentionally and knowingly secured the goods or service described below and failed to make payment after receiving notice demanding payment, for the value described below, to wit:

\*Name of **Checkwriter**: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Driver's license or ID #: \_\_\_\_\_ \*State: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_ \*Sex: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Name and Address of Checkwriter's business if applicable: \_\_\_\_\_

\*Name of **Merchant (Victim)**/Business: \_\_\_\_\_  
\*Name of person submitting this application (print legibly): \_\_\_\_\_  
\*Physical Address: \_\_\_\_\_  
\*Mailing Address (if different from above): \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ \*email: \_\_\_\_\_

**\*Check Information:**

*Check #	*Check Amount	*Reason for Return (NSF, Closed Acct, etc.)	*Description of Goods or Service

**\*IF YOU HAVE MORE CHECKS FROM THE SAME PERSON, PLEASE COMPLETE A NEW AFFIDAVIT.**

I hereby swear or affirm that the above information is true and correct to the best of my knowledge; the listed check(s) was/were: **(1)** presented in El Paso County Texas, **(2)** not post-dated, **(3)** presented to the bank for payment within 30 days after receipt, **(4)** checkwriter can be identified, **(5)** believed to have been good when accepted. I am the complainant, or by virtue of my employment, I have authority to make this affidavit on behalf of the holder/complainant.

I understand that after filing this complaint with the El Paso County Attorney's (EPCA) Office, the EPCA's Office assumes full control of the matter, any check becomes a part of the official records of the EPCA's Office, and I cannot accept any payment from the checkwriter on any check submitted to the EPCA's Office.

**AGAINST THE PEACE AND DIGNITY OF THE STATE**

\_\_\_\_\_  
Affiant

SUBSCRIBED AND SWORN to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature of Notary)

NOTARY PUBLIC in and for the State of \_\_\_\_\_. My commission expires on \_\_\_\_\_

**\*Please Note: Requested information on fields marked with an "\*" are required in order to proceed. We cannot process this submission if any of the required information is missing.**