

STATE OF LOUISIANA

PARISH OF ST. JOHN THE BAPTIST

**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: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Employee who accepted the check: \_\_\_\_\_

If Known, Additional witness: \_\_\_\_\_

Check Writer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DL# \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

**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 St. John the Baptist Parish**

Bank check was drawn upon: \_\_\_\_\_

Reason returned by bank: \_\_\_\_\_

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 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 STOP payment

\_\_\_ was not taken by me to be held against future payment

\_\_\_ was not pre or post dated

\_\_\_ that there has been no notice to me that this check is subject to a bankruptcy

\_\_\_ 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 accept any payments on this check. We will refer all inquires to the District Attorney. I also agree to notify the District Attorney of any change in address.

\_\_\_\_\_

Signature of Victim

\_\_\_\_\_

Date

## **DOCUMENTATION OF EXCHANGE (FOR EACH CHECK)**

- 1 Attach documentation of sale (invoice, sale receipts) of merchandise, goods or services.
- 2 Attach documentation of value of merchandise, goods or services.
- 3 Attach documentation of check writer's identification (copy of DL, etc)
- 4 Attach any photographs of check writer taken at time of sale