

Date: _____

Dear _____,

Your check numbered _____ made payable to _____
in the amount of \$ _____ dated _____ and drawn on the bank of
_____ in the city of _____ Louisiana,

has failed to clear the bank because of insufficient funds. If the above described check is not
redeemed in full plus \$ _____ NSF Charge within ten(10) working days from the receipt
of this letter, it will be referred to the Calcasieu Parish District Attorney's Office for prosecution.

Sincerely,

AFFIDAVIT OF RECEIVING A WORTHLESS CHECK

Merchant Name: _____ Phone: _____

Address: _____ Zip Code: _____

Affiant: _____ Phone: _____
(Person who accepted check)

Address: _____ Zip Code: _____
(Complete Physical Address)

Accused Name: _____ Phone: _____
(Person who wrote check)

Address: _____ Zip Code: _____
(Complete Physical Address)

DL State: _____ # _____ SS# _____

DOB: _____ Race: _____ Sex: _____ POE: _____

Check Info: Date Written _____ Amount _____ Check # _____

Was Check Offered By Accused? _____ Someone Else? _____

Merchandise Purchased: _____

Identified by DL? Y _____ N _____ Identified by other means? Y _____ N _____

If by other means, please explain: _____

I certify that the above information is true and correct to the best of my knowledge and that I did receive the above described check from a person identifying themselves as previously listed. At no time did the accused represent to me that the check submitted would not clear his/her bank. I had no knowledge that the check was invalid. I further certify that I am furnishing this information to the Calcasieu Parish District Attorney's Office for the purpose of filing a worthless check charge. I agree to testify in court as to the accuracy of the above fact.

Signature of Affiant: _____ Date: _____
(Person who accepted check, if no longer employed, manager must sign)

MERCHANT COMPLIANCE W/NOTICE REQUIREMENT INFORMATION

(To be filled out only if certified letter is sent)

On _____, 20____, a demand letter was sent by certified mail, return receipt requested, to the accused by:

Name: _____ Address: _____ Zip _____ Phone: _____
(Person who sent Certified Letter)

Demand letter was Addressed to: Name _____

Complete Address: _____

The return receipt for the demand letter is attached (Green Card) (Y/N) _____

The return demand letter sent is attached and **UNOPENED** (Y/N) _____

Signature of Affiant: _____ Date: _____
(Person who sent Certified Letter)