

APPLICATION FOR DEPOSIT ACCOUNT FRAUD WARRANT

I, _____ (Your Name and Company Name)

do hereby file this sworn statement as application for an arrest warrant for _____ (Address)

(Sex) _____ (Race) _____ (D.O.B.) _____

(Dr. Lic./Soc. Sec.): _____

Address where check was received by payee(victim) _____ Georgia

Mark one response below (X) or answer in space provided.

YES NO

- Dishonored check attached?
Returned letter?
Certified letter receipt (green card)?
Date certified or registered demand letter mailed:
Is above date within 90 days of date of check returned to you?
If not, why not?
Are address on demand letter/envelope and check exactly the same?
If not, why not?
Was check(s) presented to bank within 30 days of your receipt?
Did you require and document identification upon check?
Did the person receiving check know the maker of the check?
Is the person receiving the check able to identify the maker?
Did person receiving check from maker initial the check?
Did the person who gave the check:
Date the check(s) in the presence of person accepting check?
Sign check(s) in the presence of person accepting check?
Did the payee give the (merchandise/service/other) at the same time check was given?
If no, when?
Was there any response from maker of check when contacted (i.e. did he/she write/call/come in/make partial payment)?
If yes, what was said and/or done?

At customer's request, check was held for: No request, 0-1 day, 2-3 days, 3-7 days, over 7 days.

Table with 4 columns: CHECK #, BANK, DATE, AMOUNT OF CHECK

REASON FOR RETURN _____

Name of person receiving check: _____

Sworn to and subscribed before me this the ___ day of ___, 20__

Prosecutor

Clerk/Deputy Clerk