

**DISTRICT ATTORNEY'S OFFICE
STATE OF LOUISIANA
PARISH OF LAFAYETTE**

P. O. BOX 3306
LAFAYETTE, LA 70502
(337) 262-9838

DATE RECEIVED: _____

**OFFICE USE ONLY
REQUEST TO FILE A CHARGE**

AFFIANT: Name _____ D/B/A _____
(PERSON HANDLING CHECKS AT BUSINESS) (BUSINESS NAME)

Business Address: _____ Phone # _____

ACCUSED: Name _____ D.L.# _____
(PERSON WHO SIGNED CHECK)

Address _____

	<u>DATE</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>EMPLOYEE ACCEPTING CHECK</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____

RETURNED: ___NSF ___ACCT. CLOSED ___NO ACCT.

- 1) WAS THE CHECK(S) GIVEN IN LAFAYETTE PARISH? ___YES ___NO
YOUR BUSINESS IS ___IN ___OUT OF CITY LIMITS OF LAFAYETTE.
- 2) DID THE PERSON WHO HANDED YOU THE CHECK(S) SAY ANYTHING ABOUT NOT HAVING MONEY IN THE BANK AT THE TIME OR ASK YOU TO HOLD THE CHECK(S), OR POST DATE THE CHECK? YES ___ NO ___
- 3) DID YOU RECEIVE THE CHECK(S) ___BY HAND ___BY MAIL
- 4) STATE AMOUNT, IF ANY, OF RESTITUTION THAT ACCUSED HAS MADE ON THE CHECK?
\$ _____
- 5) CAN DEFENDANT BE IDENTIFIED IN PERSON OR THROUGH PHOTOGRAPH BY PERSON ACCEPTING THE CHECK(S)? ___YES ___NO ___NOT SURE
- 6) WHAT WAS THE NATURE OF MERCHANDISE GIVEN IN RETURN FOR THE CHECK? _____
- 7) WAS DRIVER'S LICENSE OR PICTURE I.D. CHECKED? _____
- 8) WAS ANY OTHER INFORMATION OBTAINED? _____
- 9) NAME OF PERSON MAILING CERTIFIED LETTER INFORMING SUSPECT THAT THE CHECK(S) WAS RETURNED NSF. (BUSINESS NAME NOT ACCEPTABLE) _____

NAME: _____ **DATE:** _____