



**COUNTY of GALVESTON**  
Criminal District Attorney  
**JACK ROADY**

**Kevin Petroff**  
First Assistant

**Johnny J. Freeze**  
Chief Investigator

**Zonia Wilturner-Smith**  
Chief Executive Officer

## WORTHLESS CHECK COMPLAINT

**NOTE:** ALL INFORMATION REQUIRED – SEE NEXT PAGE FOR LIST OF ADDITIONAL REQUIRED DOCUMENTATION.

### CHECK MAKER INFORMATION

NAME: \_\_\_\_\_ DRIVER LICENSE (STATE/NUMBER): \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
DISTINGUISHING MARKS: \_\_\_\_\_

### CHECK INFORMATION

DATE OF CHECK: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ BANK: \_\_\_\_\_  
CHECK NUMBER: \_\_\_\_\_ CHECK RETURN REASON: \_\_\_\_\_  
DATE OF PAYMENT: \_\_\_\_\_ PURPOSE OF CHECK: \_\_\_\_\_  
PAYEE: \_\_\_\_\_

### PERSON WHO ACCEPTED CHECK

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CAN HE/SHE IDENTIFY MAKER IN COURT? \_\_\_\_\_ IF SO, HOW? \_\_\_\_\_  
HOW WAS THE CHECK ACCEPTED? (CIRCLE ONE) IN PERSON MAIL OTHER: \_\_\_\_\_  
DID HE/SHE, IN GOOD FAITH, ACCEPT CHECK THINKING IT TO BE GOOD? \_\_\_\_\_

### ADDITIONAL INFORMATION

WAS THE CHECK GIVEN AS PAYMENT TOWARD THE BALANCE ON A PRE-EXISTING ACCOUNT? \_\_\_\_\_  
WAS THE CHECK GIVEN AS PARTIAL PAYMENT FOR A PURCHASE? \_\_\_\_\_  
HAVE YOU CONTACTED MAKER? \_\_\_\_\_ IF SO, HOW? \_\_\_\_\_ DATE: \_\_\_\_\_  
HAS THE MAKER MADE ANY PAYMENT TOWARD THE CHECK? \_\_\_\_\_ IF SO, HOW MUCH? \_\_\_\_\_  
ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b>Felony Section</b>	<b>Family Law Section</b>	<b>Grand Jury Section</b>	<b>Victim's Assistance Unit</b>	<b>Houston Line</b>
Office:	409-766-2355	409-766-2364	409-766-2379	409-770-5124	281-316-8300 x 2355
Fax:	409-766-2290	409-765-3237	409-770-6291	409-765-3196	

[www.co.galveston.tx.us](http://www.co.galveston.tx.us)



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## WORTHLESS CHECK COMPLAINT

**ATTACH THE FOLLOWING DOCUMENTATION:**

- ORIGINAL CHECK SHOWING THE FOLLOWING LISTED ON THE FACE OF THE CHECK:
  - NAME AND ADDRESS OF INDIVIDUAL PRESENTING THE CHECK
  - DRIVER LICENSE NUMBER/STATE
  - A TELEPHONE NUMBER OF INDIVIDUAL PRESENTING CHECK
- COPY OF CERTIFIED LETTER SENT TO MAKER
- SIGNED CERTIFIED MAIL GREEN CARD; OR
- UNOPENED MAIL THAT WAS RETURNED AS "UNCLAIMED" OR "MOVED/UNABLE TO FORWARD"
- ANY RECEIPTS FOR MERCHANDISE PURCHASED WITH CHECK
- ANY AND ALL DOCUMENTS USED/RELIED UPON IN TRANSACTION

**MONEY COLLECTED SHOULD BE DIRECTED TO:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I WILL NOT ACCEPT ANY PAYMENT FOR THIS CHECK AFTER FILING FOR PROSECUTION AND I WILL ADVISE CHECK WRITER THAT ANY FUTURE CONTACT REGARDING THIS CHECK IS TO BE MADE WITH THE GALVESTON COUNTY DISTRICT ATTORNEY'S OFFICE WORTHLESS CHECK DIVISION.

\_\_\_\_\_  
SIGNATURE OF AFFIANT/COMPLAINANT

\_\_\_\_\_  
PRINTED NAME OF COMPLAINANT

POSITION: \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME BY \_\_\_\_\_, THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

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