



Isidro R. Alaniz

District Attorney

WEBB COUNTY DISTRICT ATTORNEY'S OFFICE
HOT CHECK INFORMATION FORM
Please **PRINT** or **TYPE** —**FILL IN COMPLETELY**

**YOU MUST
PROVIDE
IDENTIFICATION OF
CHECK WRITER**

Date: _____

NAME OF PERSON SIGNING CHECK _____

Current Home Address: _____ Zip _____ Phone _____

Current Work or Business _____ Zip _____ Phone _____

Is this a Company Check? ___ Yes ___ No Check writer's relationship to Co. _____

NAME OF PERSON ACCEPTING CHECK _____

Address: _____ Zip _____ Phone _____

Can he/she identify check writer? ___ Yes ___ No Did signer of check deliver in person? ___ Yes ___ No; If no, Who? _____

How many checks are being filed? _____ Was check (s) posted dated? ___ Yes ___ No If yes, how many _____

Ck # _____ Date _____ Amount \$ _____ Bank _____ Payable to: _____

Ck # _____ Date _____ Amount \$ _____ Bank _____ Payable to: _____

Was check deposited at financial institution within 30 days of date? ___ Yes ___ No Was check a hold check? ___ Yes ___ No

Reason Financial Institution returned or did not accept check: ___ NSF ___ ACCOUNT CLOSED OTHER (specify) _____

DESCRIBE IN CONCISE DETAIL PROPERTY OR SERVICE GIVEN FOR CHECK(S): (Attach any supporting documentation) _____

Where was property or service rendered? _____

Is this location in Webb/Zapata County? ___ Yes ___ No Was property or service rendered at time check was received? ___ Yes ___ No

If no, when _____

Money collected should be sent to _____

Address _____ City _____ Zip _____ Phone _____

Contact Information _____ Phone _____

RESTITUTION:

Has check writer made any restitution or signed a promissory note? ___ Yes ___ No If so, what amount _____ When _____

Explain: _____

I understand that my check may be accepted for collection purposes only, although the District Attorney cannot assure restitution, nor can the District Attorney guarantee that this complaint will be accepted for prosecution. I understand that I may redeem my check in 60 days if it is accepted for collection purposes only. If a decision is made to prosecute the check writer, this check will become part of the evidence file for the State of Texas. **Please allow 60 days before a written inquiry is made concerning the case.** We will attempt to answer all inquiries but ask that requests be kept to a minimum because of the volume of complaints received. I hereby swear that the above information is true, correct and complete to the best of my knowledge. I understand that if charges are filed a warrant will be issued to have the check writer placed in jail. If necessary, the above names witness(es) will be required to appear against the check writer in a Criminal Court of Law.

Signature of Complaint (Agent)

TDL NO of Complainant (Agent)

D.A. HOT CHECK DEPARTMENT
1110 VICTORIA ST. SUITE 401
LAREDO, TX 78040

DA Use Only

Race _____	Sex _____
DOB _____	Hgt _____
Wt _____	Hair _____
TDL _____	
Other ID _____	
Your Merchant ID _____	
Merchant Fee _____	
Assessed _____	