

Montgomery County Attorney's Office Worthless Check Information Form  
501 N. Thompson, Suite 300, Conroe, Texas 77301

Date \_\_\_\_\_

**Information about person who signed check(s)**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

TX Driver's License Number or TX State ID Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

Work address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Check Date \_\_\_\_\_ Check Number \_\_\_\_\_ Check amount \$ \_\_\_\_\_

Was check thought to be good when taken? \_\_\_\_\_ Was check postdated or hold check? \_\_\_\_\_

Was check deposited within 30 days? \_\_\_\_\_ Reason the check was returned? \_\_\_\_\_

Property or service given for check? \_\_\_\_\_

Was all or part of property delivered or service rendered in Montgomery County? \_\_\_\_\_

Was property delivered or service rendered at time check was received? \_\_\_\_\_

Name of person or company accepting check \_\_\_\_\_

Can he/she identify check writer? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person filing check \_\_\_\_\_ Phone number \_\_\_\_\_

Owner or manager name \_\_\_\_\_ Phone number \_\_\_\_\_

Has the check writer made any restitution? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Has the check writer signed a promissory note to pay for the worthless check? \_\_\_\_\_

I understand that my check may be accepted for collection purposes only and that the county attorney can not assure restitution, nor can the county attorney guarantee that this complaint will be accepted for prosecution. 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 inquiring about this 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-named witness may be required to appear against the check writer in a criminal court of law.

I agree not to accept restitution on this check directly from the maker, and that, in the event restitution is accepted directly from the maker, I will be responsible for paying the full amount of the processing fee due to the County Attorney's office.

Date received: \_\_\_\_\_

Complainant

(Agent)

Received by: \_\_\_\_\_