

# Statutory Notice

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This statutory notice is provided pursuant to Section 13A-9-13.2 of the Alabama Code. You are hereby notified that a check or instrument numbered \_\_\_\_\_, apparently issued by you on \_\_\_\_\_ (date), drawn upon \_\_\_\_\_ (name of bank), and payable to \_\_\_\_\_ has been dishonored. Pursuant to Alabama law, you have 10 days from receipt of this notice to tender payment of the full amount of such check or instrument plus a service charge of \$ \_\_\_\_\_ (not more than \$30.00), the total amount due being \$ \_\_\_\_\_. Unless this amount is paid in full within the specified time above, the holder of such check or instrument may assume that you delivered the instrument with intent to defraud and may turn over the dishonored instrument and all other available information relating to this incident to the proper authorities for criminal prosecution.

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BY \_\_\_\_\_

**THIS FORM WAS FURNISHED BY  
THE DISTRICT ATTORNEY'S  
WORTHLESS CHECK UNIT**

**SCOTT ANDERSON  
DISTRICT ATTORNEY**

## WORTHLESS CHECK INFORMATION SHEET

I hereby complain that I have received a WORTHLESS CHECK from the below named Defendant, and have sent the Defendant notice pursuant to Alabama law, and the Defendant has failed to respond within the time allowed.

I wish to have this matter processed by the Special Services Division of the District Attorney's Office for the Eighth Judicial Circuit. I understand that a Warrant of Arrest for the Defendant, signed by me, will be issued and held by this Unit. I also understand that notice of this Warrant will be sent to the Defendant and he/she will have ten (10) further business days to surrender and make arrangements to make RESTITUTION on this check. I further understand that by signing this COMPLAINT I give up the right to accept RESTITUTION directly from the Defendant, but will receive any RESTITUTION through the District Attorney's Office. I also understand that should the Defendant fail to surrender, or if no RESTITUTION agreement is made, or if the Defendant fails to abide by a RESTITUTION agreement, then this matter will be prosecuted in criminal court, and I will be called upon to testify and aid in this prosecution. I also understand that if, after I have signed this COMPLAINT, I wish to withdraw this COMPLAINT, I may do so for good cause, but I will have to pay a service charge of thirty dollars (\$30.00).

**(PLEASE PRINT)**

NAME OF PERSON WHO ISSUED CHECK \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
WORK NUMBER \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

KNOWN EMPLOYER OF THIS PERSON \_\_\_\_\_

NAME OF PERSON WHO ACCEPTED CHECK \_\_\_\_\_

CAN WITNESS MAKE POSITIVE IDENTIFICATION? \_\_\_\_\_

IN WHAT COUNTY WAS CHECK ACCEPTED? \_\_\_\_\_

WHAT DID DEFENDANT RECEIVE AT THE TIME THE CHECK WAS GIVEN? \_\_\_\_\_

WAS PARTIAL PAYMENT MADE? \_\_\_\_\_

WAS THE CHECK GIVEN TO PAY ON AN ACCOUNT OR A LOAN \_\_\_\_\_

WAS THIS A HOLD OR POST-DATED CHECK \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

AMOUNT OF CHECK \_\_\_\_\_ DATE CHECK WAS GIVEN \_\_\_\_\_

BANK CHECK DRAWN ON \_\_\_\_\_

NAME AND ADDRESS OF PERSON WHO SENT CERTIFIED LETTER \_\_\_\_\_

DATE CERTIFIED LETTER WAS MAILED \_\_\_\_\_

NAME OF THE FIRM THAT ACCEPTED CHECK, if applicable \_\_\_\_\_

ADDRESS OF FIRM \_\_\_\_\_

TELEPHONE OF FIRM \_\_\_\_\_

COMPLAINANT \_\_\_\_\_ signature

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

Sworn to and subscribed to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

NOTARY PUBLIC \_\_\_\_\_, signature

( ) APPROVED DATE \_\_\_\_\_ BY: \_\_\_\_\_

STATE OF ALABAMA )  
 )  
COUNTY OF MORGAN )

### AFFIDAVIT

I hereby swear and affirm that the check for which I want to sign a criminal complaint to have the check writer arrested has not been turned over to a private check collection company for attempted collection.

To all of the foregoing I do, by my oath and signature below **SWEAR** and **AFFIRM** as true, under the penalty of perjury, to the absolute best of my knowledge and belief on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ .

Complainant \_\_\_\_\_

Sworn to, and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ .

Notary Public \_\_\_\_\_

# AFFIDAVIT OF LOSSES

Sample Form Rev. 7/87

Victim's Name \_\_\_\_\_ Address \_\_\_\_\_

Claimant's Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Victim \_\_\_\_\_

Location and Description of Crime \_\_\_\_\_  
\_\_\_\_\_

Defendant(s) Name, if known \_\_\_\_\_  
\_\_\_\_\_

Court Case Number, if known \_\_\_\_\_

Investigating Law Enforcement Officer \_\_\_\_\_  
\_\_\_\_\_

**I. Medical Expenses:** Include cost of prescription drugs, ambulance fees, hospital and laboratory bills and doctor bills. Bills should be attached when available.

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL MEDICAL EXPENSES: \_\_\_\_\_

Number of work days missed due to medical reasons \_\_\_\_\_ x net pay = \$ \_\_\_\_\_ Net Lost Wages

Were you paid sick leave while you were absent from work? \_\_\_ Yes \_\_\_ No

Name of Employer \_\_\_\_\_

**II. Property Damage:** Attach documentation, estimates or bills when available.

<u>Item</u>	<u>Description of Damage</u>	<u>Cost to Replace Repair or Clean</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PROPERTY DAMAGE: \_\_\_\_\_

# AFFIDAVIT OF LOSSES

(Continued)

**III. Other Expenses/Comments:** List below any other expenses or loss which you feel you incurred due to the criminal act (such as funeral/burial expenses, loss of earnings or job, future losses expected, etc.)

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
<b>TOTAL:</b>	=====

Comments: \_\_\_\_\_  
\_\_\_\_\_

**IV. Expenses or Losses Recovered**

Amount recovered or anticipated to be recovered from medical or health insurance: \$ \_\_\_\_\_

Value of recovered property: \$ \_\_\_\_\_

Amount recovered or anticipated to be recovered from home-owner's or property insurance: \$ \_\_\_\_\_

Other recovery (including unemployment, vacation, sick leave, disability, union/fraternal insurance, worker's compensation, etc.) \$ \_\_\_\_\_

**V. Restitution**

Total Amount Lost \$ \_\_\_\_\_

Total Amount Recovered \$ \_\_\_\_\_

**TOTAL RESTITUTION DUE** \$ \_\_\_\_\_

**VI. Affidavit**

I hereby certify that the above answers are true and accurate. I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury.

\_\_\_\_\_  
(signature)

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Notary)