



This form must be completely filled out before any action can be taken on checks turned over to the Mobile County District Attorney's Check Enforcement Unit. This office reserves the right to determine if criminal action will be taken on any check matter referred to us. **Checks over \$2,000** cannot be accepted by the Check Enforcement Unit.

READ CAREFULLY: I certify that the information furnished below is true and correct to the best of my knowledge, belief, and information. I understand that this is cause is not brought for the collection of CIVIL Dept. I understand that once the case is turned over to the prosecution, I must pay a \$30.00 fee if I personally collect or withdraw the check from your office. I understand that I have no further connection with the case except to testify in the event that the case is brought to trial. Any person who wrongfully and corruptly swears or affirms that an affidavit may be subject to criminal charges for the offense of perjury.

Check Writer Informatio	n:				
Name:Date of Birth:					
Address:	<del>_</del>				····
City:		State:	Zip:	Gender:	Race
Phone:	Employer:		Work Phone: _		
SSN:	Driver License #	S	tate Issued:		
Check Information:					
Check Number:	Date Passed:	Ar	nount:		
	for? (Check one) Merchandise				
	the check for any period of time				
	d?YesNo   If y				
Can positive identification	on be made? Yes	No			
· ·	d in Mobile County? Y				
	payment of a loan? Ye				
	nade on this check? Ye				
Name of person who acc	cepted this check?				
Victim Information:					
	2:				
	Name:				
				Zip:	
Mailing Address:					
	State				
Phone:	Email Addre	ess:			
For Official Use Only					
For Official Use Only					
Magistrate:				Date:	
Affiant.					