

APPLICATION FOR DEPOSIT ACCOUNT FRAUD WARRANT

I, _____
(Your Name and Company Name)

do hereby file this sworn statement as application for an arrest warrant for _____
(Address) _____

(Sex) _____ (Race) _____ (D.O.B.) _____

(Dr. Lic./Soc. Sec.): _____

Address where check was received by payee(victim) _____

Georgia

Mark one response below (X) or answer in space provided.

YES NO

_____ **Dishonored check attached?**

_____ **Returned letter?**

_____ **Certified letter receipt (green card)?**

_____ Date certified or registered demand letter mailed: _____

_____ Is above date within 90 days of date of check returned to you?

_____ If not, why not? _____

_____ Are address on demand letter/envelope and check **exactly** the same?

_____ If not, why not? _____

_____ Was check(s) presented to bank within 30 days of your receipt?

_____ Did you require and document identification upon check?

_____ Did the person receiving check know the maker of the check?

_____ Is the person receiving the check able to identify the maker?

_____ Did person receiving check from maker initial the check?

_____ Did the person who gave the check:

_____ Date the check(s) in the presence of person accepting check?

_____ Sign check(s) in the presence of person accepting check?

_____ Did the payee give the (merchandise/service/other) at the same time check was given?

_____ If no, when? _____

_____ Was there any response from maker of check when contacted (i.e. did he/she write/call/come in/make partial payment)? _____

_____ If yes, what was said and/or done? _____

At customer's request, check was held for: No request _____, 0-1 day _____, 2-3 days _____, 3-7 days _____, over 7 days.

CHECK #

BANK

DATE

AMOUNT OF CHECK

REASON FOR RETURN _____

Name of person receiving check:

Sworn to and subscribed before me

this the _____ day of _____, 20 _____

Prosecutor

Clerk/Deputy Clerk