APPLICATION FOR DEPOSIT ACCOUNT FRAUD WARRANT

(Your Name and Company Name)	I,_						
do hereby file this sworn statement as application for an arrest warrant for (Address) (Sex) (Race) (D.O.B.) (Dr. Lie/Soc. Sec.): Address where check was received by payce(victim)	(You	r Name and Company Name)					
(Address) (Sex) (Race) (D.O.B.) (Dr. Lic/Soc. Sec.): Address where check was received by payee(victim)							
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? Did the payce 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 theday of, 20 Prosecutor	do hereby fil	le this sworn statement as applicat	ion for an arrest warra	ant for			
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