

COMPLAINT

I hereby certify that _____ (Name of Victim) received a Worthless Check from _____, and have sent certified notice pursuant to Section 13A-9-13.1, of the Code of Alabama, and that _____ has failed to respond within the time allowed by law.

I wish to have this matter processed by the Worthless Check Unit of the District Attorney's Office of the Twenty-Fourth Judicial Circuit. I understand that a Warrant of Arrest for _____, 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 Resolution 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).

Name of Person Who Issued Check _____
Address _____ City _____ ZIP _____
Telephone (Home) _____ (Cell) _____ (Work) _____
Race _____ Sex _____ Date of Birth _____
Driver's License No. _____ Social Security No. _____
Known Employer of this Person _____
Name of Person Who Accepted Check _____
Can Positive Identification Be Made? Yes _____ No _____
Reason Check Returned? Insufficient Funds _____ No Account _____ Forgery _____
Was Partial Payment Made? Yes _____ No _____
Was the Check Given to Pay an Account or Loan? Yes _____ No _____
Was This a Hold Check? Yes _____ No _____
Amount of Check \$ _____ Date on Check _____ Check No. _____
Has a Certified Letter Been Sent? Yes _____ No _____
Date Green Card Signed _____ Unclaimed? Yes _____ No _____

Name of Firm that Accepted Check _____
Address of Firm _____ City & ZIP _____
Telephone No. _____

To all the foregoing I do, by my oath and signature below, SWEAR and AFFIRM as true, to the absolute best of my knowledge and belief on this the _____ day of _____, 20_____.

Complainant _____(signature)
_____(Print name)
Address _____
Telephone No. _____