

OFFICE USE ONLY

 ISSUED

 DENIED

 DISMISSED

DATE FILED:

WARRANT NO.

DEPOSIT ACCOUNT FRAUD WARRANT APPLICATION

APPLICANT'S INFORMATION:

Name:

Phone:

Business Name:

Mailing Address:

City:

State:

Zip Code:

The address where the check was received by victim?

Name of the Bank the check was written on?

ACCUSED INFORMATION:

Name:

Phone:

Sex:

Race:

Driver's License:

S.S.N.

D.O.B.:

Address on check:

City:

State:

Zip Code:

Physical Address:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

COMPLETE THE FOLLOWING QUESTIONS:

	YES	NO
1. Is the dishonored check attached?		
2. Is the returned letter attached?		
3. Is the certified green card signed?		
4. Was the certified green card unclaimed?		
5. What was the DATE the certified return receipt of the demand letter was mailed?		
6. Is the date on the check within 90 days of being returned to you? If not, why?		
7. Is the address on the demand letter/envelope and the check exactly the same? If not, why?		
8. Was the check presented to the bank within 30 days of your receiving it?		
9. Did you require and document identification on the check?		
10. Upon receiving the check was initialed?		
11. Did the accused sign and date the check in the presence of recipient?		
12. What was the DATE written on the check by the accused?		
13. What was the DATE on check that was given to Payee (victim)?		
14. Was there any response from the accused if he/she was contacted? If yes, what was said or done?		
15. Was the merchandise/service/other, given at the same time the check was written?		
16. Check was given for? <input type="checkbox"/> Rent <input type="checkbox"/> Wages <input type="checkbox"/> Loan <input type="checkbox"/> Account <input type="checkbox"/> Child Support <input type="checkbox"/> Debt <input type="checkbox"/> Other: _____ <input type="checkbox"/> Service(s) _____ <input type="checkbox"/> Merchandise _____		
17. Why was the check returned to you? <input type="checkbox"/> NSF <input type="checkbox"/> Closed Account <input type="checkbox"/> Stop Payment <input type="checkbox"/> Other: _____		
18. Did the accused request that the check be held for: <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> over 5 days <input type="checkbox"/> Other: __ <input type="checkbox"/> NO REQUEST		

SWORN AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20____.

 DEPUTY CLERK/ CLERK/ MAGISTRATE

This ____ day of _____, 20____.

X _____

APPLICANT'S SIGNATURE

