

APPLICATION FOR DEPOSIT ACCOUNT FRAUD WARRANT

(You must type or print plainly)

I, _____ (Your Name & business)

Address _____ Phone # _____

Do hereby file this sworn statement for an arrest warrant for _____

The original check and copy of the required demand letter and green card (or returned letter) are attached.

Address where the check was received by victim _____

Name of the bank the check was written on _____

Please mark one response below (X) or answer in the space provided, to each question.

YES NO

- ___ ___ Is the dishonored check attached?
- ___ ___ Is the returned letter attached?
- ___ ___ Is the certified letter receipt (green card) attached?
- _____ Date the certified, return receipt, demand letter was mailed.
- ___ ___ Is the above date within 90 days of date the check being returned to you?
- ___ ___ If not, why? _____
- ___ ___ Are the address on demand letter/envelope and the check exactly the same?
- ___ ___ If not, why? _____
- ___ ___ Was the check presented to the bank within 30 days of your receiving it?
- ___ ___ Did you require and document identification on the check?
- ___ ___ Did the person receiving the check know the maker of the check?
- ___ ___ Is the person receiving the check able to identify the maker of the check?
- ___ ___ Did the person receiving the check, initial the check?
- ___ ___ Did the maker of the check (a) date the check and/or (b) sign the check in the presence of the person receiving the check?
- _____ Date check was given to Payee (victim) _____
- _____ Date written on the check by the maker _____
- Check was given for (mark one) ___ rent ___ wages ___ debt
- ___ State taxes ___ child support ___ loan
- ___ Account ___ Cash
- ___ merchandise, describe _____
- ___ Service(s), describe _____
- ___ Other, describe _____
- ___ ___ Did the Payee (victim) give the merchandise/service/other, at the same time the check was give? If not, when? _____
- ___ ___ Was there any response from the maker of the check when contacted (i.e., did he / she write or call or come in or make a partial payment)? If yes, what was said or done?

Why was the check returned?

___ Closed Account

___ Insufficient Funds

___ No Account

___ Other

___ Stop Payment

Did the customer request that the check be held for:

___ 0 - 1 day

___ 2 - 3 days

___ 3 - 7 days

___ NO Request

___ over 7 days

* * * * *

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Judge / Clerk of Gilmer County
Magistrate Court
Warrant No. _____

Prosecutor / Affiant

**TEN DAY NOTICE PRIOR TO SEEKING
CRIMINAL ARREST WARRANT**

DATE

Dear _____

You are hereby notified that the following instrument(s) (check) # _____
drawn upon _____ (Bank) and
payable to _____ (Payee) on _____
has/have been dishonored. Pursuant to Georgia Law, you have ten (10) days
from the receipt of this notice to tender payment of the total amount of the
instrument(s) plus the applicable service charge of \$30.00 (for each check),
the total amount due being _____ dollars and _____ cents.

Unless this amount is paid in full within the specified time above, a
presumption in law arises that you delivered the instrument(s) with the intent
to defraud, and the dishonored instrument(s) and all other available
information relating to this incident may be submitted to the Magistrate
Judge for the issuance of a criminal warrant.

(Your name) _____

(Business) _____

(Address) _____

