

AFFIDAVIT OF PROBABLE CAUSE -- BAD CHECKS

Re: _____ (defendant's name)

_____ (defendant's social security number or
driver's license number and issuing
state)
_____ (defendant's date of birth)

I, _____, being duly sworn, and upon oath, state that the following facts are true, based upon personal information and knowledge:

1. On _____, in Nodaway County, _____ wrote
(date of check) (name of defendant)
a check to _____ in the amount of \$_____ for the purchase of
(name of merchant) (amount of check)
goods and/or services.

2. The check was returned because of a stop payment order from the issuer to the drawee.

3. On _____ statutory notice was received by the person who signed the
(date notice received)
check.

4. The check has not been paid.

Date: _____

Name

Address

Phone #