

HOT CHECK INFORMATION
Office of the District Attorney
500 N. Loraine, Suite 200
Midland, TX 79701
432-688-4413

Check Number: _____ Date: _____ Amount: _____

Driver's License number on check: _____

Check Maker: _____

Maker's Address: _____

Items Purchased: _____

Were the goods or services obtained in Midland County? Yes / No

Reason Check was Returned:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Insufficient Funds | <input type="checkbox"/> Closed Account | <input type="checkbox"/> No Account |
| <input type="checkbox"/> Stop Payment | <input type="checkbox"/> Refer to Maker | |
| <input type="checkbox"/> Other _____ | | |

Victim/Business Name: _____

Victim/Business Address: _____

Manager/Contact Person: _____ Phone: _____

Person Taking Check: _____

Home Address: _____

Home or Cell Phone: _____

Amount of partial payment accepted, if any: _____

A Returned Check Notice was sent to the check maker by certified mail and the return receipt is attached.

A Returned Check Notice was sent to the check maker by First Class Mail and an Affidavit of Service is attached.