

AFFIDAVIT

STATE OF KANSAS, COUNTY OF RILEY, ss

I, _____, being first duly sworn upon my oath, state that the following answers and information are true and correct to the best of my knowledge and belief:

1. The attached check was signed by _____.
Is this also the person who gave the check Yes _____ No _____
2. The date of the check is _____
Check # _____ Check Amount _____
Is this the same date the check was given? Yes _____ No _____
3. Was anyone asked to hold the check? Yes _____ No _____
4. Where did this transaction take place? _____
5. Who is the person who actually received the check?

Name Address

Present Employment Telephone

6. Can the person who received the check identify, in Court, the person who gave the check?
Yes _____ No _____
7. Physical description of check passer: Race ___ Sex ___ Hgt ___ Wgt ___ Glasses ___
8. Can the person who gave the check be identified in any other way? _____
If yes, in what way? Be specific (Drivers License, Military ID, etc)
9. Did person check photo ID against person's appearance? _____
10. What did the person who gave the check receive in return? _____
11. Was the check given for pre-existing debt? _____
12. What was the reason the bank returned the check? _____
13. When the check was returned did you notify the person who gave the check by certified mail, marked returned receipt requested and deliver to addressess only _____
14. What day did you send the letter? _____
15. Was the letter returned to you undelivered? _____ If yes why? _____
16. Was the return receipt signed by the person to whom it was addressed? _____
17. What other means, if any, did you use to notify th person what the check was returned?
18. Are there any other person with knowledge of this check who could provide information?

19. Has any restitution been made on this check? _____
20. Are you willing to see this case through to the end even if you receive restitution? _____

I or my organization will only accept restitution on this matter through the Riley County Attorney's Office.

Signature

Address

Phone #

Subscribed and sworn to before me this _____ day of _____
My appointment expires _____