

DEFENDANT ID# _____

COMPLAINT# _____

MERCHANT ID# _____

AFFIDAVIT FOR WARRANT OF ARREST

STATE OF ARKANSAS

CITY OF CAMDEN

COUNTY OF OAUCHITA

Pursuant to Rule 7.1 of the Arkansas
Rules of Criminal Procedure

DEFENDANT: _____ PHONE: _____

ADDRESS: _____ CITY & STATE: _____

DL # _____ SSN # _____

DESCRIPTION: SEX: _____ RACE: _____ DATE OF BIRTH: _____

HGT: _____ WGT: _____ PLACE OF EMPLOYMENT: _____

CHECK AMOUNT: _____ DATE: _____ NUMBER: _____

BANK NAME: _____ REASON RET'D _____

MERCHANT: _____

ADDRESS: _____ PHONE : _____

CITY & STATE: _____ ACCEPTED BY: _____

Upon the dishonor of the check, _____, a financial institution, charged a fee to _____, the payee, in the amount of \$ _____. _____ has attached documentation to prove these bank charges and is asking to be reimbursed the amount of those fees.

The check was given by the drawer in payment for goods, services, child support, rent, taxes, licenses or fees, any court cost, or salary and was NOT given as payment on a pre-existing debt. The check was accepted with the express understanding that it was good. The check was NOT post-dated, the payee was not asked and did NOT agree to hold the check until a later date, and the drawer did NOT state or imply that the check would not be honored at the bank.

I understand that criminal charges will be filed as a result of my signing this affidavit, and _____ will be arrested. If there is a trial I will testify on behalf of the State of Arkansas.

AFFIDAVIT'S SIGNATURE

Subscribed and sworn to before me, on this _____ day of _____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: