

IN THE MAGISTRATE COURT OF _____ COUNTY, WEST VIRGINIA

State of West Virginia
v.

Case No. _____

Defendant (full name) _____

XXX-XX-_____/_____/_____
Social Security Number Date of Birth

Address _____

Driver's License / Identification Number _____

City, State & Zip Code _____

Phone Number(s) _____

CRIMINAL COMPLAINT: WORTHLESS CHECK

[W. Va. Code § 61-3-39f, 61-3-39a Issuing worthless check to satisfy pre-existing debt.]

I, the undersigned complainant, upon my oath or affirmation, state the following to be true and correct to the best of my knowledge and belief. On _____, in _____ County, West Virginia, the defendant did issue and deliver to _____ a check (described below) for the payment of money when the defendant did not have sufficient funds on deposit in or credit with this bank with which to pay the check upon presentation, in violation of *W. Va. Code § 61-3-39a*. The above-referenced check, which is enclosed with this complaint, contains the following information:

Date: ____/____/____ No. _____ \$ _____

Bank Name: _____

Pay to the Order of: _____

For: _____

I further state that:

1. Notice of the dishonored check (*check one*) has not / has been sent by certified mail to the defendant.
[If notice was sent by the complainant, proof of mailing must accompany this complaint. Such proof is either the certified mail return receipt or the actual mailed notice showing that the notice was returned undelivered or returned refused.]
2. When accepted, the aforesaid check was not post-dated and I was not expressly notified nor did I have any other reason to believe that the check would be dishonored.
3. I request that a warrant issue for the arrest of the defendant.

Supplemental information regarding the identity of the above-named defendant and/or a service charge levied for the dishonored check (*check one*) is / is not attached. This information is given under oath or affirmation and is incorporated herein by reference.

Complainant's Name (full name) _____

Complainant's Address _____

Complainant's Phone Number(s) _____

Complainant's Signature _____

Subscribed, sworn or affirmed before me and signed in my presence, this ____ day of _____, 20____.

My commission expires on _____.

Signature/Title _____

Case No. _____

A. The following supplemental information regarding the defendant in the above-referenced case(s) is offered pursuant to *W. Va. Code § 61-3-39f(b)* and *(c)*.

Business Address:

Mailing Address (*if different from the home or business address indicated previously*):

Place of Employment:

Work Phone: _____

Race: _____ Sex: _____ Height: _____

B. A service charge of \$ _____ has been imposed or collected by my financial institution in connection with the check described in this complaint.