

TO: _____

RE: WORTHLESS CHECK(S) Please be advised that this letter shall constitute your three (3) business day notice as required under the law. This is to inform you that your check payable to _____, in the amount of \$ _____, drawn on _____, was returned marked _____.

Under §30-36-4, of the New Mexico Statutes, you must make restitution in the amount of this check plus a service charge totaling \$ _____, or it will be presumed that this check was written by you with criminal intent to defraud.

Please pay the total amount directly to _____ in the form of a money order or cashier's check. If restitution is not made within three (3) business days, this matter will be forwarded to the District Attorney's Office.

Your prompt attention in the matter is suggested.

_____	AMOUNT OF CHECK	_____	SIGNATURE
SERVICE CHARGE	_____	REPRESENTING	TOTAL DUE _____

CERTIFIED LETTER # _____

WORTHLESS CHECK INFORMATION AND AFFIDAVIT OTERO AND LINCOLN COUNTY

VICTIM/BUSINESS:

Name: _____ Phone number _____

Address: _____

PERSON ACCEPTING CHECK:

Name: _____ Home Phone No: _____

Home Address: _____

CHECK WRITER INFORMATION:

Name: _____ Phone Number _____

Date of Birth: _____ SSN: _____ Driver's License #/ State:-----

Address Furnished by Check Writer: _____

CHECK INFORMATION (attach check):

Type of Good or Services Exchanged for the Check: _____

Amount of Check: \$ _____ Check # _____ Date Check Was Written: _____ Bank
Name _____ Bank Account Number _____ Reason
Returned _____ Payable to _____ Service
Charge _____

AFFIDAVIT: That I have personally received said check(s) or that by virtue of my employment I have reviewed the business records maintained by my employer and have the authority to make this affidavit of the holder; that I understand that if charges are filed, a warrant may be issued for the accused. I wish to file a formal complaint with the District Attorney's Office and I hereby agree to indemnity and hold harmless the office of the District Attorney for and liability incurred due to actions resulting from inaccurate or out-of-date information.

Date certified letter sent _____

Letter Results _____

Person who sent letter _____

Has any payment been accepted Yes No

I swear or affirm that the above information is true and correct to the best of my knowledge; that the above check was delivered to be good when accepted and that no payments or partial payments have been accepted

_____ date: _____ Signature of victim or
business representative