

**GENERAL SESSIONS COURT OF ANDERSON COUNTY, TENNESSEE
DIVISION I**

STATE OF TENNESSEE vs. _____
 State Control No. _____ Anderson County Case No. _____

**AFFIDAVIT OF COMPLAINT
 WORTHLESS CHECK/SIGHT ORDER – T.C.A. § 39-14-121**

The undersigned affiant, after being duly sworn according to the law, states that the Defendant, whose name is otherwise unknown to the affiant, committed the offense of issuing or passing worthless check(s), a violation of T.C.A. § 39-14-121, in Anderson County on or about:

Date Check Written	Amount of Check	Check Number	Service Charge
_____	\$ _____	# _____	\$ _____
_____	\$ _____	# _____	\$ _____
_____	\$ _____	# _____	\$ _____
_____	\$ _____	# _____	\$ _____
_____	\$ _____	# _____	\$ _____
_____	\$ _____	# _____	\$ _____
	TOTAL \$ _____		TOTAL \$ _____

Further, affiant makes oath that the essential facts constituting said offense, the source of the affiant's information, and the reasons why his/her information is believable concerning said facts are as follows: personal knowledge; or that he/she has received information from _____, whom he/she knows to be a reliable and credible informant because said informant had previously given him/her information of a similar nature which subsequently had been verified and/or that said informant had been an employee in good standing of _____ for _____ years and _____ months, and that said informant told said affiant that the defendant knowingly or with fraudulent intent

issued or passed a check or similar sight order for the payment of money for the purpose of paying any fee, fine, tax, license or obligation to any governmental entity or for the purpose of obtaining money, services, labor, credit or any article of value, knowing at the time there were not sufficient funds in or on deposit with the bank or other drawee for the payment in full of the check or order, as well as all other checks or orders outstanding at the time of issuance; or

stopped payment on a check or similar sight order for the payment of money for the purpose of paying any fine, fee, tax, license or obligation to any governmental entity or for the purpose of obtaining money, services, labor, credit or any article of value; provided, that such money, credit, goods or services were as represented at the time of the issuance of the check or similar sight order;

AND
 the defendant did not have an account with the bank or other drawee at the time the defendant issued or passed the check or similar sight order; or

on presentation within thirty (30) days after issuing or passing the check or similar sight order, payment was refused by the bank or other drawee for lack of funds, insufficient funds or account closed after issuing or passing the check or order, and the defendant failed to make good within ten (10) days after receiving written notice of that refusal if such notice was required. It can be inferred that the defendant received the notice no later than five (5) days after it was mailed if the notice was sent by certified mail with return receipt requested to the defendant at the address shown: on the check or similar sight order; or on the records of the bank or other drawee.

Affiant's Signature: _____ Sworn to and subscribed before me on
 Name (Printed): _____, 20 ____
 Address (Printed): _____
 Phone Number: (____) _____ Judge/Clerk/Judicial Commissioner

CRIMINAL SUMMONS

TO THE DEFENDANT:

Based on the affidavit of complaint filed in this case, there is probable cause to believe that you have committed the offense of violation(s) of **T.C.A. § 39-14-121 Worthless Check(s)**.

YOU ARE HEREBY SUMMONED TO APPEAR before the General Sessions Court of Anderson County, Tennessee located in the 100 N. Main Street in Clinton, Tennessee to answer the charges on:

_____, 20__ at _____ .m. **IF YOU FAIL TO APPEAR YOU WILL BE ARRESTED.**

Date _____ Judge/Clerk/Deputy Clerk/Judicial Commissioner

STATE OF TENNESSEE, ANDERSON COUNTY. I, the undersigned Clerk of the General Sessions Court, do hereby certify that this is a true and correct copy of the original of this instrument filed in this cause.
 This the _____ day of _____, 20____.
 REX A. LYNCH, CLERK
 by: _____, Clerk/Deputy Clerk

 **ADA**
 (American Disability Act)
 For Assistance Call
 (865) 463-6824