

## NOTICE OF DISHONORED CHECK

Date \_\_\_\_\_

Name of Issuer \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

You are according to law notified that a check dated \_\_\_\_\_,

\_\_\_\_\_ , drawn on the \_\_\_\_\_

Bank of \_\_\_\_\_ in

the amount of \$\_\_\_\_\_ has been refused because

of (non-sufficient funds) ***or*** (the drawer does not have an account).

Within ten days from the receipt of this notice, you must pay or tender to

(Holder or Agent or Representative) sufficient moneys to pay such

instrument in full and any collection fees or costs not in excess of forty

dollars.

STATE OF NORTH DAKOTA  
COUNTY OF CASS

IN DISTRICT COURT  
EAST CENTRAL JUDICIAL DISTRICT

The State of North Dakota, )  
Plaintiff, )  
vs. )  
\_\_\_\_\_ )

**Affidavit of Insufficient Funds  
Or Closed Account Checks**

Defendant (check writer)

STATE OF NORTH DAKOTA )  
 )§  
COUNTY OF CASS )

I, \_\_\_\_\_, depose and state that on \_\_\_\_\_, I accepted  
Affiant (Print your name legibly) (date of check)  
a check from \_\_\_\_\_ which was drawn on the \_\_\_\_\_  
(check writer) (bank)

This check was returned by the bank because the drawer either did not have sufficient funds or did not have an account.

**Affiant swears that:** Affiant looked at a photo ID, affiant wrote the ID number on the check, and affiant wrote the date of birth on the check to verify the check writer's identity;

Affiant made no agreement with the check writer to hold the check.

Affiant did not agree to accept this check as a post-dated check.

Affiant's basis for knowing the above is that affiant is the \_\_\_\_\_ for \_\_\_\_\_  
(your title) (business name)

Affiant states that the above and foregoing is true and correct to the best of their knowledge.

The affiant acknowledges that false written statements to the State's Attorney's Office may result, at a minimum, in losing the service of that office for prosecution of NSF/Closed Account checks.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature) Affiant

\_\_\_\_\_  
(business name)

\_\_\_\_\_  
(business address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(phone number)

**DIRECTIONS FOR AFFIDAVIT**

Attach original check here to front of this Affidavit.

Attach copy of Notice of Dishonor and Proof of Mailing to back of this Affidavit.

Return to: Cass County State's Attorney, 211 9<sup>th</sup> Street South, PO Box 2806, Fargo, ND, 58108-2806;  
(701) 241-5850.

STATE OF NORTH DAKOTA

AFFIDAVIT OF SERVICE  
BY MAIL

COUNTY OF CASS

\_\_\_\_\_, being first duly sworn on oath, deposes and states that he/she is of legal age and that on (date) \_\_\_\_\_, \_\_\_\_\_, he/she served the attached Notice of Dishonor, by placing a true and correct copy thereof securely enclosed in an envelope addressed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and depositing the same, with postage prepaid, in the United States mails at \_\_\_\_\_, North Dakota.

\_\_\_\_\_  
(signature)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Cass County, North Dakota

(SEAL)