

**HOT CHECK SUBMISSION FORM**

Staple original check here and any additional items to the back. One of these forms must be completed for each check submitted to this office.

CW# \_\_\_\_\_ (OFFICE USE ONLY) MERCH# \_\_\_\_\_

BANK # \_\_\_\_\_

MANAGER/ MERCHANT NAME: \_\_\_\_\_

CHECK SIGNED BY: \_\_\_\_\_

CHECK WRITER'S TEXAS DRIVER'S LICENSE OR I.D. CARD # \_\_\_\_\_

DATE CHECK WRITTEN: \_\_\_\_\_

AMOUNT OF CHECK \$ \_\_\_\_\_

CHECK # \_\_\_\_\_

IDENTIFYING INFORMATION ABOUT THE CHECK WRITER SUCH AS DATE OF BIRTH  
PHYSICAL CHARACTERISTICS, PRIMARY AND/OR ALTERNATE ADDRESSES AND  
TELEPHONE NUMBERS, PLACE OF EMPLOYMENT AND WORK NUMBER, AND THE LIKE.

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON WHO ACCEPTED THE  
CHECK  
AND CAN IDENTIFY THE CHECK WRITER:

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

CHECK STATUS (CIRCLE ONE): ACCOUNT CLOSE / NSF

I SWEAR THIS CHECK WAS PASSED (RECEIVED) IN WALKER COUNTY,  
TEXAS, BY THE PERSON NAMED ABOVE. I HAVE READ AND UNDERSTAND  
THE WALKER COUNTY DISTRICT ATTORNEY'S OFFICE'S HOT CHECK  
POLICY MANUAL AND FURTHERMORE ATTEST TO THE FACT THAT ALL OF  
THE REQUIREMENTS SET FORTH IN THE MANUAL HAVE BEEN MET BEFORE  
SUBMITTING THIS CHECK TO OUR OFFICE.

MERCHANT SIGNATURE AND DATE: \_\_\_\_\_