

**OFFICE OF STATE ATTORNEY, FIRST JUDICIAL CIRCUIT
SWORN COMPLAINT FOR WORTHLESS CHECKS
(Please Complete Form by Printing With Blue Ink Only or Typing)**

(1) Was check post-dated at time of acceptance? Yes No (2) Were you asked to hold or delay deposit of check? Yes No

A "YES" answer to either of the above questions indicates this matter is ineligible for filing with the 1st Judicial Circuit State Attorney Worthless Check Diversion Program. A recourse may be to file with small claims court or a collection agency of your choice. If both boxes above were checked "NO," complete the complaint form and sign it before a notary.

A Notice MUST be sent to the check writer via first class mail, allowing a fifteen day grace period to pay the check and service fee before the check can be filed, unless the check was returned account closed.

Date Notice was sent: _____ Attach affidavit of mail service and/or any returned envelopes or cards.

1 SUSPECT (Check writer information)	Check writer's name (<u>as signed on the check, not business name</u>)									
	Address									
	City			State	Zip	Home Phone #		Other Phone #		
	SS #			Sex	Race	Date of Birth	Height	Hair	Eyes	Age
	Driver's License #			State	Passport #		Country			

2 CHECK	Employer (if known) and Address							Business Phone #	
	Person who accepted the check or debit order								
	Name: _____								
	Address: _____ Home Phone: _____ Work Phone: _____								
City, State Zip: _____									

COMPLETE A SEPARATE FORM FOR EACH CHECK	Check #	Date Received	Fee:	Amount	Can Person ID Check Writer?			
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Was check received by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No Where was check received? City _____ County _____ State _____							
What was check accepted for?					Was check handed to you by someone other than the check writer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Merchandise <input type="checkbox"/> Services					Name: _____			
<input type="checkbox"/> Payment on Account <input type="checkbox"/> Cash					Address: _____			
<input type="checkbox"/> Other _____					City, State, Zip: _____			

3 VICTIM (Person who received check)	Check was returned for?					Name: _____			
	<input type="checkbox"/> Insufficient Funds <input type="checkbox"/> Account Closed					Address: _____			
	<input type="checkbox"/> Other _____					City, State, Zip: _____			
						Phone: _____			
Victim/Business Name						Phone			
Victim/Business Address						City	State	Zip	
Address where check was accepted if different from the above address:						City	State	Zip	

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person Filing _____
Print Name

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____, Notary Public <SEAL>

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

Assistant State Attorney _____ Date _____ 832.05(), Florida Statute _____

FOR OSA USE ONLY:

DATE RECEIVED AT STATE ATTORNEY'S CHECK DIVISION, SANTA ROSA COUNTY: _____ CAPIAS BOND: _____