

**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 1<sup>st</sup> 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.

<b>1 SUSPECT</b>  (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			
<b>2 CHECK</b>	Employer (if known) and Address								Business Phone #			
	Person who accepted the check or debit order											
	Name: _____											
	Address: _____ Home Phone: _____ Work Phone: _____ City, State Zip: _____											
<b>COMPLETE A SEPARATE FORM FOR EACH CHECK</b>	Check #			Date Received			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 _____											
<b>3 VICTIM</b>  (Person who received check)	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 <input type="checkbox"/> Payment on Account <input type="checkbox"/> Cash <input type="checkbox"/> Other _____					Name: _____						
	Check was returned for?					Address: _____						
	<input type="checkbox"/> Insufficient Funds <input type="checkbox"/> Account Closed <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: \_\_\_\_\_

