

**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: Name: _____ Address: _____ Home Phone: _____ Work Phone: _____ City, State Zip: _____							
	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 _____							
3 VICTIM (Person who received check)	What was check accepted for? <input type="checkbox"/> Merchandise <input type="checkbox"/> Services <input type="checkbox"/> Payment on Account <input type="checkbox"/> Cash <input type="checkbox"/> Other _____				Was check handed to you by someone other than the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Address: _____ City, State, Zip: _____ Phone: _____			
	Check was returned for? <input type="checkbox"/> Insufficient Funds <input type="checkbox"/> Account Closed <input type="checkbox"/> Other _____							
	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 <u>UNDER PENALTY OF PERJURY</u> , 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, WALTON COUNTY: _____

