

**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 and returned envelopes or cards.

<b>1 SUSPECT</b>  (Check writer information)	Check writer's name (as signed on the check, not business name)							
	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: Name: ____ Address: ____ Home Phone: ____ Work Phone: ____ City, State Zip: ____							
COMPLETE A SEPARATE FORM FOR EACH CHECK	Check #	Date Received	Amount \$	Can person ID check writer?				
	Was check received by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No Where was check received? City ____ County ____ State ____							<input type="checkbox"/> Yes <input type="checkbox"/> No
	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 ____							
<b>3 VICTIM</b>  (Person who received check)	Victim/Business Name						Phone	
	Victim/Business Address			City	State	Zip		
	Address where check was accepted if different from above:			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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, 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, ESCAMBIA COUNTY: \_\_\_\_\_