

FILING YOUR COMPLAINT

Forms for filing your complaint will be provided by this office or can be downloaded through the State Attorney's web site at www.sao8.org . They can be copied for possible future returned checks. You must have the following documentation when filing your complaint:

1. Original completed Sworn Complaint for Worthless Checks, notarized at least (15) days after the Statutory Notice was mailed to the checkwriter, unless the check was returned stamped "Account Closed" or "Not Account Found."
2. One (1) readable copy of the check (front and back).
3. One (1) copy of the original contract, lease agreement, order or request for services by the check writer (if applicable).
4. A copy of the Statutory Notice. If the notice was returned please provide the envelope indicating such as stamped by the Post Office. Please note that the Statutory Notice does not have to be sent if the check was returned stamped "Account Closed" or "No Account Found."
5. Please provide all other written documentation that you may have concerning the returned check.
6. Photograph of check writer, if taken.

Please submit completed documents to the Office of the State Attorney in your county.

SWORN COMPLAINT FOR WORTHLESS CHECKS

This form is to be filled out as completely as possible by the person seeking prosecution for issuance of a worthless check issued by the person described herein. One form must be completed for each check. ONE (1) copy of the front & back of the check must be attached to this Sworn Complaint.

Date Check Received: Month _____ Day _____ Year _____

Date of Check: Month _____ Day _____ Year _____

Check Received From: _____

Address: _____

Date of Birth: Month ____ Day ____ Year ____ Sex ____ Race ____ SS#: _____

Did the photograph on the DL or picture ID match the person who wrote the check? Yes ____ No ____

Drivers License: _____

Can you identify the Defendant: Yes ____ No ____ Home Phone: _____

Was the check writer under the age of 18? Yes ____ No ____

VICTIM: (If Business, Legal Name) _____ Email: _____

Address: _____

Person Who Accepted Check: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Business Phone: _____ Position/ Title: _____

THE UNDERSIGNED, UNDER OATH, STATES that the above named check writer did draw, make, utter, issue or deliver a worthless check, ONE (1) COPY ATTACHED with this affidavit, and that the answers to the following questions are true and correct:

Check was received in: (City, County, State) _____ Amount of check: _____ Check No. _____

Check was accepted for: (check one)

Check was returned for: (check one)

Cash

Insufficient Funds

Merchandise

Account Closed

Payment on Account

Payment Stopped

Other (Describe) _____

Other (Describe) _____

Defendant has ____ has not ____ been sent a certified/registered mail notice (please attach return receipt / green card) OR has been sent a notice by 1st class US Mail and fifteen days have passed since the notice was mailed (attach copy of notice). Please also attach the envelope if the Notice was returned undeliverable by the Post Office.

Was check delivered by: Mail ____ Check writer ____ Other ____ (Please explain if "Other") _____

Was check postdated: Yes ____ No ____.

Were you asked to hold or delay deposit: Yes ____ No ____.

Did the checkwriter sign an order or contract for which the check was payment? Yes ____ No ____ (If yes, attach a copy with signatures.)

THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT: _____ Date of Birth: _____

PRINT NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____

The State Attorney has no authority to enforce restitution and I agree to cooperate fully and will appear to testify. I understand that once I have signed this complaint I have no authority to drop charges without the prior consent of the State Attorney.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, who is personally known to me or has who produced _____ as identification.

(seal)

Notary Public

STATUTORY NOTICE

DATE: _____

TO: _____ (Check Signer)

_____ (Address)
_____ (Address)

You are hereby notified that a check, numbered _____, issued by you on _____, drawn upon _____ Bank, and payable to _____, has been dishonored.

Pursuant to Florida law, you have 15 days from the date of this notice to tender payment of the face amount of such check, \$ _____, plus a service charge of \$ _____,
\$25 if check is not more than \$50.00;
\$30 if check is more than \$50.00 but not more than \$300.00;
\$40 if check is more than \$300.00 but not more than \$800.00; or
5% of value of check if over \$800.00.

Thus, the total amount due is \$ _____ dollars and _____ cents.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State Attorney for criminal prosecution. You may be additionally liable in a civil action for triple the amount of the check, but in no case less than \$50.00, together with the amount of the check, a service charge, court costs, reasonable attorney fees, and incurred bank fees, as provided in Florida Statute 68.065.

I CERTIFY that the original of the Statutory Notice was mailed by US Mail, postage prepaid, to the person (check writer) at the address indicated above.

Sincerely,

_____ (Victim or Agent)
_____ (Name of Business)
_____ (Address)
_____ (Address)
_____ (Phone Numbers)

The above form has been approved by the State Attorney, 8th Judicial Circuit. This form should be completed by the holder of the worthless check. It should be mailed to the person who signed the check at the address printed on the check, or given at the time of issuance of the check (*unless otherwise explained*), by first class mail, postage prepaid. A copy of this Notice should be retained and delivered to the State Attorney's Office together with the Affidavit of Mailing, the Worthless Check Affidavit (Complaint), and a readable copy of the front & back of the check if not paid within fifteen (15) days of the mailing of this Statutory Notice. Please also attach the envelope if Notice was returned undeliverable by the Post Office.