

**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 <i>(as signed on the check, not business name)</i>									
	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: _____									
<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 _____									
	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: _____				
<b>3 VICTIM</b>  (Person who received check)	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 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 832.05( ), Florida Statute \_\_\_\_\_  
Date

FOR OSA USE ONLY:

DATE RECEIVED AT STATE ATTORNEY'S CHECK DIVISION, WALTON COUNTY: \_\_\_\_\_

