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 (*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**				

2 CHECK

Employer (if known) and Address	**Business Phone #**

Person who accepted the check or debit order

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?** ☐Yes ☐No

Was check received by mail? ☐Yes ☐No **Where was check received?** City _____ County _____ State_____

What was check accepted for?
☐ Merchandise ☐ Services
☐ Payment on Account ☐ Cash
☐ Other _____

Check was returned for?
☐ Insufficient Funds ☐ Account Closed
☐ Other _____

Was check handed to you by someone other than the check writer: ☐Yes ☐No
Name:_____
Address:_____
City, State, Zip:_____
Phone:_____

3 VICTIM (Person who received check)

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 _____

_____ _____ 832.05( ), Florida Statute _____
Assistant State Attorney Date

FOR OSA USE ONLY:

DATE RECEIVED AT STATE ATTORNEY'S CHECK DIVISION, ESCAMBIA COUNTY: _____