



OFFICE OF THE STATE ATTORNEY TWELFTH JUDICIAL CIRCUIT OF FLORIDA

Serving the Counties of Sarasota, Manatee, and Desoto

TO: VICTIMS AND BUSINESSES RECEIVING WORTHLESS CHECKS

Before the State Attorney can take criminal jurisdiction over a worthless check, the law requires the check writer be given notice of the dishonored check and given time to pay the check plus a service charge. The Notice of Worthless Check should be mailed by regular first-class mail to the address shown on the check (if there is not an address on the check, you will need to ask for one). The check writer is then given fifteen (15) days from the date of mailing in which to make the check good. There is also an additional Affidavit of Mailing, and you will need to complete the appropriate Worthless Check Identification Affidavit which you will be asked to sign, under oath along with the Worthless Check Complaint.

1. Check must have been received within the 12th Judicial Circuit (Sarasota, Manatee, and Desoto County).
2. Check must not have been postdated for a date later than the date received. You also must not have been told to hold the check, even for one day. If there was any reason to believe the check would not be honored at the time it was presented to you, the State Attorney will not be able to prosecute.
3. Person who actually received the check must be able to appear in court to positively identify the person who presented the check or to produce the application or other record which contains the full name, sex, date of birth, and race of the person who presented the check or drivers license number written on the check.
4. 15 days after the mailing of the "Notice of Worthless Check" and provided payment has not been made, you may complete the Worthless Check Complaint required by the State Attorney's Office.

In order for the State Attorney to successfully prosecute your worthless check complaint, we must have the following information about the defendant (check writer).

- | | | |
|--------------------------------|---------------------------------|---|
| 1. Race | 2. Sex | 3. Date of Birth |
| 4. Valid Driver License number | 5. Physical and mailing address | 6. Social Security number
(If available) |

This information is required by the Florida rules of criminal procedure, for the drafting of a criminal charging document and to commence a criminal prosecution. Without this information, we may be unable to file the necessary paperwork with the court and/or process the complaint against the check writer.

WHEN SUBMITTING THE CASE, YOU WILL NEED TO INCLUDE THE FOLLOWING:

- | | |
|---|---|
| 1. The <u>original</u> Worthless Check Complaint Form | 2. A copy of the Notice Worthless Check |
| 3. The <u>original</u> Affidavit of Mailing | 4. The <u>original</u> of the appropriate Worthless Check
Identification Affidavit |
| 5. <u>COPIES</u> of the front and back of the check | |

Please send documents to the corresponding office:

State Attorney's Office
Records Department
2071 Ringling Blvd.
Suite 400
Sarasota, FL 34237

State Attorney's Office
Records Department
1112 Manatee Ave W.
P.O. Box 1000
Bradenton, FL 34206

State Attorney's Office
Records Department
115 East Oak St.
Arcadia, FL 34266

State Attorney's Office
Records Department
4000 S. Tamiami Trail
Venice, FL 34293

Victims may charge Worthless Check Service Charges as Follows:

<u>Check Amount</u>	<u>Service Charge</u>
\$.01 through \$50.00	\$25.00
\$50.01 through \$300.00	\$30.00
\$300.01 and above	\$40.00

Or as an alternative, the victim may charge five percent (5%) of the face amount of the check, whichever is greater.

STATE ATTORNEY'S OFFICE, TWELFTH JUDICIAL CIRCUIT
Serving the Counties of Sarasota, Manatee, and Desoto

WORTHLESS CHECK COMPLAINT

Please type or print the information requested. This form is to be filled out as completely as possible by the person seeking **prosecution** for issuance of a worthless check described herein. One form must be prepared for each check. A copy of both sides of the check and copies of any other documents must be attached to this sworn complaint. **Please retain the original check until such time as it may be needed in Court.**

Date check received: _____ Check received in: _____ County, Florida.

Check received from: _____ Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Race: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Driver License State: _____ DL# _____ Soc. Sec. # _____

Place of Employment: _____ Address: _____

Telephone # Home: _____ Work: _____

Victim: (If Business, Legal Name:) _____

Address: _____ City: _____ State: _____ Zip: _____

Person Who Accepted Check: _____ Position/Title: _____

Telephone # Home: _____ Work: _____

Can the person that passed the check be identified?: Yes: No:
Name of the person who can identify check passer: _____

A check in the amount of: _____
was accepted for: Check Box (s): Cash:
 Merchandise Cash & Merchandise
 Payment on Account
Other: (Describe) _____
Was check received in the mail? Yes: No:

Check Number: _____
Returned for (Check one):
 Insufficient Funds Account Closed
 No Account Payment Stopped
Other: (Describe) _____

Bank Information: Bank Name: _____

Address: _____ City/State/Zip: _____

Has the person passing the check been sent a written notice by U.S. mail and have at least 15 days passed since the notice was mailed? Yes: No:

- | | Y | N |
|--|--------------------------|--------------------------|
| 1) Statements made by check writer indicating no funds on deposit to cover check | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Was the check post dated (dated ahead)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Any request for checks to be held before deposit?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Was the check tendered by the check writer in person?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Was the check tendered by a person other than the check writer?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Was the check sent by mail?..... | <input type="checkbox"/> | <input type="checkbox"/> |

- 7) Did check writer sign an order or contract for which the mailed check was payment?
 (If **yes** attach copy).....
 8) Was a photograph/video made of check writer when check received?.....
 Explain: _____

 Printed/Typed Name of Business and Name of Complainant

 Phone Number

 Complete Address

 City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

 AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

Notice of Worthless Check

YOU ARE HEREBY NOTIFIED that a check, numbered _____ in the face amount of \$ _____, issued by you on month _____ day _____ year _____, drawn upon _____ Bank and payable to _____ has been dishonored.

Pursuant to Florida law, you have 15 days following the date of this notice to tender payment of the full amount of such check or electronic funds transfer plus a service charge of \$25, if the face value does not exceed \$50; \$30, if the face value exceeds \$50 but does not exceed \$300; \$40, if the face value exceeds \$300; or an amount of up to 5 percent of the face amount of the check, whichever is greater, the total amount due being \$ _____ and _____ cents.

Unless this amount is paid in full within the time specified above, the holder of such check or electronic funds transfer may turn over the dishonored check or electronic funds transfer 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 or electronic funds transfer, but in no case less than \$50, together with the amount of the check or electronic funds transfer, a service charge, court costs, reasonable attorney's fees, and incurred bank fees, as provided in s. 68.065, Florida Statutes."

Victim Name or Business Name (print)

By _____
Signature of Victim, Owner, Agent,
ect.

Date: _____

I certify that the original of the above was mailed by U.S. Mail, first class, to the following person at the address indicated below:

NAME _____

ADDRESS _____

CITY and STATE _____

The above form has been approved by the State Attorney, Twelfth Judicial Circuit. This form should be completed by the holder of the worthless check. It should be mailed to the person who signed the worthless check at the address given on the check 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 Complaint and copies of the check if the check is not paid - within fifteen (15) days of the mailing of this Notice of Worthless Check.

AFFIDAVIT OF MAILING

I, _____, the undersigned, hereby certify that the original Notice of Worthless Check has been mailed by U.S. Mail, first class postage prepaid, and said mailing having been delivered to the United States Postal service on the _____ day of _____, _____ ***(this date is the actual date of mailing)*** to the following person indicated below and said person was given fifteen (15) days from the date of mailing in which to make the check good:

NAME OF CHECK WRITER MAILING IS SENT TO: _____

ADDRESS: _____

CITY AND STATE: _____

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,
County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING DRIVER'S LICENSE/ID CARD

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ in (city) _____ on (date) _____ and on that date I did accept check # _____ from a person who identified himself/herself as _____ . I verified the identification of the person presenting said check to me by comparing the photograph on a then current Driver's License/ID Card in the name of _____ to the person presenting the license and presenting said check and was satisfied that the photograph on the driver's license matched the person presenting the check. Check writer did not make any statement indicating that there were insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and the check was not postdated. Furthermore, I read the license and copied the license number onto the check.

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR CHECK RECEIVED FROM CLIENT/PATIENT

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ on (date) _____ on (date) _____ and on that date I did accept check # _____ from a person who identified himself/herself as _____ . I verified the identification of the person presenting said check to me by comparing the photograph on a then current Driver's License/ID Card in the name of _____ to the person presenting the license and presenting said check and was satisfied that the photograph on the driver's license matched the person presenting the check. Check writer did not make any statement indicating that there were insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and the check was not postdated. Furthermore, I read the license and copied the license number onto the check.

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON KNOWN BY EMPLOYER/EMPLOYEE

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ on (date) _____ and on that date I did accept check # _____ from a person known as _____ . I did not verify identification of the person presenting said check since this person was known to me as an employee/employer. I also affirm I will be able to ID check writer in a photo line up should such ID be required. I further certify that the check writer did not make any statement indicating that there were insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and the check was not postdated.

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON KNOWN TO VICTIM

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____ have personally known
_____ for _____ (yrs, mos) and know him/her to be the
person presenting check # _____, dated _____ and presented to me on
_____, 20_____. I also affirm I will be able to identify said
_____ in a photo lineup should such identification be required.
I further certify that the check writer did not make any statement indicating that there were
insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and
the check was not postdated.

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT,
AND THE FACTS STATED IN IT ARE TRUE.**

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING LEASE/RENTAL APPLICATION OR AGREEMENT

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____ was the owner/manager of property located at _____ on _____ (date) _____, and on that date did accept check # _____ from a person identified as _____. Personal information was obtained from lease/rental agreement (**attached**). I am satisfied that the person presenting the check and the person who signed the lease/rental agreement are the same person.

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING MEMBERSHIP CARD

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at
(street address) _____ in (city) _____ on (date) _____
_____ and on that date I did accept check # _____ from a person who identified himself/herself
as _____ and who presented a membership card issued
by (company name) _____ bearing # _____. The check
writer did not make any statement indicating that no funds were on deposit to cover the check or
ask for the check to be held before deposit and the check was not postdated. I verified the
identification by comparing the photograph on the membership card to the person presenting said
check to me. Furthermore, I read the membership card, scanned the membership card number on
said check, and my cashier number was scanned on the back of the check.

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT,
AND THE FACTS STATED IN IT ARE TRUE.**

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON TAKING PHOTO OF PERSON SIGNING CHECK

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ in (city) _____ on (date) _____ and on that date I did accept check # _____ from a person who identified himself/herself as _____. I verified the identification of the person presenting said check to me by comparing the photograph on a then current Driver's License/ID Card in the name of _____ to the person presenting the license and presenting said check and was satisfied that the photograph on the driver's license matched the person presenting the check. Check writer did not make any statement indicating that there were insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and the check was not postdated. **Furthermore, I took a photograph of the person named above along with the check and driver's license.**

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this ____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING PRE-PRINTED DRIVER'S LICENSE NUMBER/ID CARD

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ in (city) _____ on (date) _____ and on that date I did accept check # _____ from a person who identified himself/herself as _____.

I verified the identification of the person presenting said check to me by comparing the photograph on a then current Driver's License/ID Card in the name of _____ to the person presenting the license and presenting said check and was satisfied that the photograph on the driver's license matched the person presenting the check. Check writer did not make any statement indicating that there were insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and the check was not postdated. **Furthermore, I read the license and compared it to the number printed on the back of the check by the register, then I placed my initials next to the D L number.**

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR CHECK RECEIVED BY MAIL

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ on ____ and on that date I did accept/receive by mail check # _____ from a person known as _____. The signature and identifiers of this person was obtained from an original contract, invoice, order or request for services that the check is to pay for and signed by the person who signed the check. I further certify that I have provided a copy of the personal information of the check writer which is kept on file. **NOTE: Must attach document on which signature and identifiers appear.**

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT, AND THE FACTS STATED IN IT ARE TRUE.

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____

**STATE ATTORNEY'S OFFICE, 12TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING WORK ORDER/SERVICE AGREEMENT

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at
(street address) _____ on (date) _____ and on that date I did
accept/receive by mail check # _____ from a person known as _____
_____. Identification of this person was obtained from Work Order/Service Agreement
dated _____. **NOTE: MUST ATTACH COPY OF WORK ORDEROR SERVICE
AGREEMENT**

Printed/Typed Name of Business and Name of Complainant

Phone Number

Complete Address

City/State/Zip

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT,
AND THE FACTS STATED IN IT ARE TRUE.**

AFFIANT

Dated this _____ day of, _____.
(date that you are signing this affidavit)

State of Florida,

County of _____