



OFFICE OF THE STATE ATTORNEY THIRD JUDICIAL CIRCUIT OF FLORIDA

*Serving the Counties of Suwannee, Hamilton, Dixie,
Lafayette, Taylor, Madison and Columbia*

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Live Oak, FL 32064
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TO: VICTIMS AND BUSINESSES RECEIVING WORTHLESS CHECKS

Before the State Attorney can take criminal jurisdiction over a non sufficient funds 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 statutory notice 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 an additional Affidavit of Mailing which you will be asked to sign, under oath along with the Worthless Check Complaint. Please discard all other forms that you may have used in the past as they no longer comply with the statutory requirements.

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 original worthless check complaint form.
2. A copy of the statutory notice
3. The original Affidavit of Mailing
4. COPIES of the front and back of the check

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.

Worthless check forms can be downloaded directly from our web site at:
<http://www.stateattorneythird.org/saoweb/worthlesschecks.php>

STATE ATTORNEY'S OFFICE, THIRD JUDICIAL CIRCUIT

Serving the Counties of Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee and Taylor

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) _____

Check Number: _____

Returned for (Check one):

[] Insufficient Funds [] Account Closed

[] No Account [] Payment Stopped

[] Other: (Describe) _____

Was check received in the mail? Yes: [] No: []

Bank Information: Bank Name: _____

Address: _____ City/State/Zip: _____

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

I HEREBY SWEAR/AFFIRM THAT THE ABOVE INFORMATION IS TRUE; THIS CHECK WAS NOT POSTDATED; THE TAKER OF THIS CHECK WAS NOT INFORMED AND HAD NO REASON TO BELIEVE THAT THIS CHECK WAS NOT GOOD AT THE TIME ACCEPTED; THIS CHECK WAS NOT TAKEN AS SECURITY AND THE TAKER DID NOT AGREE TO HOLD THE CHECK FOR ANY LENGTH OF TIME BEFORE CASHING. I FURTHER UNDERSTAND THAT THE CRIMINAL COURT HAS NO JURISDICTION TO ENTER A MONEY JUDGMENT, THAT THIS IS A CRIMINAL PROSECUTION AND THAT THE STATE ATTORNEY HAS NO AUTHORITY TO ENFORCE RESTITUTION. I AGREE TO COOPERATE AND APPEAR IN COURT TO TESTIFY AS NECESSARY. THE FOREGOING IS TRUE AND CORRECT.

State of Florida

County of _____

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

Signature: _____

Printed Name: _____

Position/Title: _____

Address: _____

STATUTORY NOTICE

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 fifteen (15) days from the date of this notice to tender payment in full of such check plus a service charge of \$25.00 if the face value does not exceed \$50.00, \$30.00 if the face value exceeds \$50.00 but does not exceed \$300.00, or \$40.00 if the face value exceeds \$300.00, or an amount of up to 5 percent of the face amount of the check whichever is greater, the total amount due being \$ _____

UNLESS THIS AMOUNT IS PAID IN FULL within the time period 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.

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, postage prepaid, to the following person at the address indicated below:

NAME _____

ADDRESS _____

CITY and STATE _____

The above form has been approved by the State Attorney, Third 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 Statutory Notice.

AFFIDAVIT OF MAILING

I, _____, the undersigned, hereby certify that the original Statutory Notice 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: _____

ADDRESS: _____

CITY AND STATE: _____

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

State of Florida
County of _____

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

Signature: _____
Printed Name: _____
Position/Title: _____
Address: _____
