



ANDREW H. WARREN
State Attorney
Thirteenth Judicial Circuit

WORTHLESS CHECK AFFIDAVIT
(THIS FORM MUST BE COMPLETED IN BLACK INK OR TYPED)

State of Florida County of Hillsborough

CASE No.: **(Leave blank – we will complete)**

I, **(your name)**, HEREBY STATE THAT ON THE **(date of check)** DAY
(NAME OF PERSON COMPLETING THIS FORM) (DATE OF OFFENSE)

OF _____, 20____, **(PERSON WHO SIGNED CHECK)**, _____,
(DEFENDANT'S LAST NAME) FIRST MIDDLE

OF _____ (address of person who signed the CHECK)
(DEFENDANT'S ADDRESS OR PLACE WHERE HE/SHE CAN BE LOCATED) **NO POST OFFICE BOX**

Committed the crime of issuing a worthless check in violation of 832.05 of the Florida Statutes as follows:

1. DEFENDANT INFORMATION: (IF YOU DO NOT HAVE EXACT DESCRIPTION – USE APPROXIMATES)

RACE	SEX	AGE	DOB	HEIGHT	WEIGHT	HAIR	EYES	DRIVER'S LICENSE NUMBER / STATE

2.

OCCUPATION/BUSINESS ADDRESS (OF PERSON WHO SIGNED THE CHECK)	SOCIAL SECURITY #	OTHER IDENTIFICATION

3. PAYEE(S) ON CHECK: **(WHO THE CHECK IS MADE PAYABLE TO. IF 3RD PARTY CHECK, ADD YOUR NAME IN PARANTHESIS)**

PAYEE'S ADDRESS: **(ADDRESS OF #3 OR YOUR ADDRESS IF A 3RD PARTY CHECK)**

4. LOCATION OF OFFENSE: **PLACE WHERE THE CHECK WAS GIVEN BY DEFENDANT TO PERSON ACCEPTING CHECK)**

WEST OF 301 _____ (Tampa) EAST OF 301 _____ (Brandon, Plant City)

5. DATE AND TIME CHECK WAS PASSED: **(DATE AND TIME THE CHECK WAS GIVEN)**
(NOTE: IF CHECK WAS RECEIVED BY MAIL, GIVE THE DATE RECEIVED BY PERSON ACCEPTING CHECK.)

(DO NOT LIST BANK CHARGES)

6. AMOUNT OF CHECK: _____ SERVICE CHARGE: _____ (\$25.00 if the face value does not exceed \$50, \$30 if the face value does not exceed \$50 but does not exceed \$300.00, or an amount of up to 5 percent of the face amount of the check, whichever is greater.)

7. CHECK NUMBER: _____ DRAWN ON BANK: _____ **(NAME OF BANK)**

BANK ADDRESS: _____

8. WHAT WAS THE CHECK GIVEN FOR? **CASH** ___ **RENT** ___ **MERCHANDISE** ___ **SERVICES** ___
OTHER _____ **SPECIFY:** _____

IF RENT: FIRST MONTHS? _____ CONTINUING MONTH _____ ATTACH COPY OF RENTAL AGREEMENT	IF MERCHANDISE: KIND: _____ (SPECIFY KIND OF MERCHANDISE)	IF SERVICES: KIND: _____ ATTACH COPY OF INVOICE: INDICATE TOTAL FOR PARTS AND TOTAL FOR LABOR
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9. REASON FOR DISHONOR: INSUFFICIENT FUNDS ___ ACCOUNT CLOSED ___

OTHER REASON: (explain) _____

10: WAS 15-DAY LETTER SENT? ___ YES ___ NO If no, state reason: **(see #11 on information sheet)**

IS RECEIPT, RETURNED LETTER OR AFFIDAVIT OF FIRST CLASS MAILING ATTACHED?

___ YES ___ NO

11.

NAME OF PERSON WHO TOOK CHECK: _____ (MUST BE COMPLETED)
BUSINESS ADDRESS: _____ (MUST BE COMPLETED) BUS. PHONE: _____
HOME ADDRESS: _____ (MUST BE COMPLETED) HOME PHONE: _____

PLEASE TURN OVER AND COMPLETE REVERSE SIDE

Note: You must complete one affidavit for each check, even if one person wrote you more than one check. However, you may send one letter as required In #10 above), listing all checks in the letter.

12. DID THE TAKER OF THE CHECK INITIAL THE CHECK? ____ YES ____ NO
13. CAN THE TAKER OF THE CHECK IDENTIFY THE PERSON WHO GAVE THE CHECK? ____ YES ____ NO
IF YES, TAKER OF THE CHECK MUST INITIAL HERE: _____ (initials)
 IF YOU GAVE AN APPROXIMATE DESCRIPTION, TAKER MUST BE ABLE TO IDENTIFY THE PERSON WHO GAVE THE CHECK)
14. WAS ANYONE ELSE PRESENT WHEN THE CHECK WAS GIVEN? ____ YES ____ NO
 IF YES, WHO? _____
15. WAS THE INFORMATION REQUIRED BY STATUTE AS A BASIS FOR IDENTIFICATION PLACED ON THE BACK OF THE CHECK? ____ YES ____ NO **(SEE #9 ON THE INFORMATION SHEET)**
 IF NO, HOW CAN THE DEFENDANT BE IDENTIFIED? _____
 HOW DO YOU KNOW THIS PERSON? _____ **(STATE HOW YOU KNOW THIS PERSON)**
16. WAS THE CHECK RECEIVED BY MAIL? ____ YES ____ NO If yes, you must present the original contract or request for services, which the check is supposed to pay for, bearing the signature of the person who has signed the check.
17. IS THE CHECK A THIRD-PARTY CHECK? ____ YES ____ NO (If yes, complete the third-party Affidavit form.) **(SEE #15 ON THE INFORMATION SHEET)**

NOTE: THERE IS NO CHARGE FOR FILING THIS WITH THE STATE ATTORNEY'S OFFICE.

Read Carefully

I HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT ALL OF THE ABOVE STATEMENTS ARE TRUE, THAT THE CHECK INVOLVED WAS NOT POST-DATED WHEN RECEIVED, NOR DID THE TAKER OF THE CHECK HAVE ANY REASON TO BELIEVE THAT THE WRITER OF THE CHECK DID NOT HAVE SUFFICIENT FUNDS ON DEPOSIT TO INSURE PAYMENT OF SAID CHECK, THAT THE TAKER OF THE CHECK DID NOT AGREE TO HOLD THE CHECK FOR A PERIOD OF TIME BEFORE CASHING AND THE CHECK WAS NOT GIVEN FOR SECURITY. THE TAKER OF THE CHECK CAN IDENTIFY THE ABOVE-NAMED PERSON AS THE ONE WHO GAVE THE CHECK AND WILL APPEAR IN COURT WHENEVER REQUIRED TO DO SO.

Sworn to and subscribed before me this _____ day of _____, 20____.

I SWEAR THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(YOUR SIGNATURE)

Notary Public

 AFFIANT SIGNATURE DATE
(YOUR NAME PRINTED)

Personally Known: _____
 ID TAKEN _____

 AFFIANT PRINT OR TYPE YOUR NAME
(YOUR ADDRESS)

Seal:

 AFFIANT'S BUSINESS/HOME ADDRESS
(YOUR PHONE NUMBER)

 AFFIANT'S BUSINESS/HOME PHONE NUMBER

If mailed, this form must be notarized

If you bring this form to the State Attorney's Office, we will notarize

WITNESSES: LIST PERSON(S) ACCEPTING THE CHECK FIRST. INDICATE OWNER OF BUSINESS OR CORPORATE OFFICER WHO WILL BE AVAILABLE TO COME TO COURT AT THE TIME OF THE TRIAL.

NAME and POSITION	ADDRESS	STREET	City/State	Zip	PHONE NUMBER
1. <u>TAKER OF THE CHECK AND THEIR POSITION</u>					
2. <u>YOUR NAME</u>					
3. <u>ALL WITNESSES LISTED IN #14 OF THE AFFIDAVIT</u>					
4. <u>BOOKKEEPER, MANAGER OR OWNER OF BUSINESS</u>					