SWORN COMPLAINT FOR WORTHLESS CHECK
(PLEASE TYPE OR PRINT)

THIS FORM IS TO BE FILLED OUT COMPLETELY by the person seeking prosecution for a worthless check issued by the person described herein. One form must be prepared for each check. The ORIGINAL check must be attached to this sworn complaint.

CASE NUMBER _____ S.A. NUMBER _____

INSUFFICIENT FUNDS ( ) ACCOUNT CLOSED ( ) STOP PAYMENT ( ) OTHER ( )

CHECK RECEIVED ON: _____/_____/_____ AMOUNT $ _____ CHECK # _____
Month Day Year

CITY/COUNTY/STATE WHERE CHECK RECEIVED: _____/_____/_____
City County State

CHECK WRITER'S NAME: _____
LAST **FIRST** **MIDDLE**

ADDRESS: _____ PHONE ( ) _____
STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____ PHONE ( ) _____

PASSER: _____
LAST FIRST MIDDLE

DOB	S	R	HGT	SS#	DRIVER'S LICENSE #	ST	OTHER PICTURE ID

1. Did check taker compare picture ID with check writer/passer? Yes ( ) No ( )
2. Can check writer or passer be identified on sight? Yes ( ) No ( )
3. Does check taker know check writer or passer? How long? _____ Yes ( ) No ( )
4. Was check taker asked to delay deposit or was check postdated? Yes ( ) No ( )
5. Was check for payment on account or debt? If so, please specify _____ Yes ( ) No ( )
6. Did check taker initial the check or is check taker ID printed on check? Yes ( ) No ( )
7. Was a photograph or video made of the check writer or passer? Yes ( ) No ( )
8. Has any payment been received on check? Is so, what amount _____ Yes ( ) No ( )
9. Was check for payment of an order/contract signed by check writer? Yes ( ) No ( )
10. Was check writer or passer sent notice at least fifteen days ago? Yes ( ) No ( )

****(ATTACH COPY OF LETTER AND ORIGINAL RETURN RECEIPT OR AFFIDAVIT OF SERVICE OF MAIL)****

11. How was check received? In person ( ) Delivered ( ) Mail ( ) Other( )_____
12. Was check for merchandise/tangible goods? Yes ( ) No ( )
13. Was check returned for stop payment? Yes ( ) No ( )
14. Was check for services or labor? If so, specify _____ Yes ( ) No ( )

VICTIM: (If Business, Legal Name): _____
LAST **FIRST** **MIDDLE**

ADDRESS _____/_____/_____/_____ PHONE ( )_____
STREET CITY STATE ZIP

CHECK TAKER: _____
LAST **FIRST**

I hereby certify that all of the above information is true, that the taker of the check was not informed and did not have reason to believe that the check was not good when given, and that the check was not taken as "security." I agree to cooperate fully and will appear to testify. I understand that once I have signed this complaint, I will have no authority to drop charges without consent of the State Attorney.

Before me, the undersigned authority, personally appeared the affiant, **who is personally known to me (_____) OR who has produced _____ as identification (_____)**, and who, being first duly sworn, states that the above information is true and that the check referenced above was passed contrary to the statute, rule, regulation, or other provision of law in such case made and provided, and against the peace and dignity of the State of Florida.

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

SEAL

_____
(SIGN) NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES:

THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
SIGNATURE OF AFFIANT

_____
NAME (PRINTED) _____
BUSINESS MAILING ADDRESS: _____
BUSINESS PHONE: ( ) _____