FILING YOUR COMPLAINT

Forms for filing your complaint will be provided by this office or can be downloaded through the State Attorney's web site at <u>www.sao8.org</u>. They can be copied for possible future returned checks. You must have the following documentation when filing your complaint:

- 1. Original completed Sworn Complaint for Worthless Checks, notarized at least (15) days after the Statutory Notice was mailed to the checkwriter, unless the check was returned stamped "Account Closed" or "Not Account Found."
- 2. One (1) readable copy of the check (front and back).
- 3. One (1) copy of the original contract, lease agreement, order or request for services by the check writer (if applicable).
- 4. A copy of the Statutory Notice. If the notice was returned please provide the envelope indicating such as stamped by the Post Office. Please note that the Statutory Notice does not have to be sent if the check was returned stamped "Account Closed" or "No Account Found."
- 5. Please provide all other written documentation that you may have concerning the returned check.
- 6. Photograph of check writer, if taken.

Please submit completed documents to the Office of the State Attorney in your county.

SWORN COMPLAINT FOR WORTHLESS CHECKS

This form is to be <u>filled out as completely as possible</u> by the person seeking prosecution for issuance of a worthless check issued by the person described herein. One form must be completed for each check. <u>ONE</u> (1) copy of the front & back of the check <u>must</u> be attached to this Sworn Complaint.

Date Check Received:	Month	Day	Year				
Date of Check:		-	Year				
Check Received From:		•					
Address:							
Date of Birth: Month							
Did the photograph on the	DL or picture ID ma	tch the person w	ho wrote the che	eck? Yes No			
Drivers License:	-	-					
Can you identify the Defer	ndant: Yes No		Home F	hone:			
Was the check writer unde	r the age of 18? Ye	s No	-				
VICTIM: (If Business, Lega	ıl Name)			Email	:		
Address:							
					of Birth:		
Address:							
Home Phone:	Business Pl	none:	Posit	on/ Title:			
THE UNDERSIGNED, UND	ER OATH, STATES tl	hat the above nan	ned check writer d	id draw, make, utter,	issue or deliver a	a worthless check, ONE (1) CO	PΥ
ATTACHED with this affidav	rit, and that the answe	rs to the following	questions are true	e and correct:			
Check was received in: (C	ity, County, State)			Amount of check	:	Check No.	
Check was accepted for: (check one)		Check	vas returned for: (cł	neck one)		
Cash				Insufficient Funds			
Merchandise				Account Closed			
Payment on Account				Payment Stopped			
Other (Describe)	□			Other (Describe) _			
	e passed since the					DR has been sent a notice by 1s e envelope if the Notice was	
Was check delivered by:	Mail C	heck writer	Other	(Please explain if "Ot	ther")		
Was check postdated:	Yes N	0					
Were you asked to hold or d							
Did the checkwriter sign an	order or contract for w	hich the check wa	is payment? Y	es No	(If yes, att	ach a copy with signatures.)	
THE FOREGOING IS TRUE	TO THE BEST OF N	IY KNOWLEDGE	AND BELIEF.				
SIGNATURE OF AFFIANT:				Date of	Birth:		
PRINT NAME:							
ADDRESS: BUSINESS PHONE:			HOME I	PHONE:			
this complaint I have no a STATE OF	uthority to drop char		agree to cooper	ate fully and will app		understand that once I have si	
COUNTY OF							
The foregoing instrument w who is personally known to	as acknowledged be me or has who produc	fore me this ed	day of	, 20	by as identifica	lion.	

STATUTORY NOTICE

DATE:	
TO:	(Check Signer)
	(Name of Business, if applicable)
	(Address)
	(Address)
You are hereby notified that drawn upon has been dishonored.	a check, numbered, issued by you on, Bank, and payable to,
•	<i>u have 15 days from the date of this notice to tender payment</i> , plus a service charge of \$, e than \$50.00:
	an \$50.00 but not more than \$300.00;
\$40 if check is more th	an \$300.00 but not more than \$800.00; or

5% of value of check if over \$800.00.

5% of value of check if over \$800.00. Thus, the total amount due is \$ ______ dollars and ______cents.

Unless this amount is paid in full within the time 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. You may be additionally liable in a civil action for triple the amount of the check, but in no case less than \$50.00, together with the amount of the check, a service charge, court costs, reasonable attorney fees, and incurred bank fees, as provided in Florida Statute 68.065.

I CERTIFY that the original of the Statutory Notice was mailed by US Mail, postage prepaid, to the person (check writer) at the address indicated above.

Sincerely,	
	(Victim or Agent)
	(Name of Business)
	(Address)
	(Address)
	(Phone Numbers)

The above form has been approved by the State Attorney, 8th Judicial Circuit. This form should be completed by the holder of the worthless check. It should be mailed to the person who signed the check at the address printed on the check, or given at the time of issuance of the check (unless otherwise explained), 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 Affidavit (Complaint), and a readable copy of the front & back of the check if not paid within fifteen (15) days of the mailing of this Statutory Notice. Please also attach the envelope if Notice was returned undeliverable by the Post Office.