

## **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 [www.sao8.org](http://www.sao8.org) . 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 filled out as completely as possible 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. ONE (1) copy of the front & back of the check must be attached to this Sworn Complaint.

Date Check Received: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date of Check: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Check Received From: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_ SS#: \_\_\_\_\_

Did the photograph on the DL or picture ID match the person who wrote the check? Yes \_\_\_\_ No \_\_\_\_

Drivers License: \_\_\_\_\_

Can you identify the Defendant: Yes \_\_\_\_ No \_\_\_\_ Home Phone: \_\_\_\_\_

Was the check writer under the age of 18? Yes \_\_\_\_ No \_\_\_\_

VICTIM: (If Business, Legal Name) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Person Who Accepted Check: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Position/ Title: \_\_\_\_\_

THE UNDERSIGNED, UNDER OATH, STATES that the above named check writer did draw, make, utter, issue or deliver a worthless check, ONE (1) COPY ATTACHED with this affidavit, and that the answers to the following questions are true and correct:

Check was received in: (City, County, State) \_\_\_\_\_ Amount of check: \_\_\_\_\_ Check No. \_\_\_\_\_

Check was accepted for: (check one)

Check was returned for: (check one)

- Cash
- Merchandise
- Payment on Account
- Other (Describe) \_\_\_\_\_

- Insufficient Funds
- Account Closed
- Payment Stopped
- Other (Describe) \_\_\_\_\_

Defendant has \_\_\_\_ has not \_\_\_\_ been sent a certified/registered mail notice (please attach return receipt / green card) OR has been sent a notice by 1<sup>st</sup> class US Mail and fifteen days have passed since the notice was mailed (attach copy of notice). Please also attach the envelope if the Notice was returned undeliverable by the Post Office.

Was check delivered by: Mail \_\_\_\_ Check writer \_\_\_\_ Other \_\_\_\_ (Please explain if "Other") \_\_\_\_\_

Was check postdated: Yes \_\_\_\_ No \_\_\_\_.

Were you asked to hold or delay deposit: Yes \_\_\_\_ No \_\_\_\_.

Did the checkwriter sign an order or contract for which the check was payment? Yes \_\_\_\_ No \_\_\_\_ (If yes, attach a copy with signatures.)

THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

The State Attorney has no authority to enforce restitution and I agree to cooperate fully and will appear to testify. I understand that once I have signed this complaint I have no authority to drop charges without the prior consent of the State Attorney.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has who produced \_\_\_\_\_ as identification.

(seal)

\_\_\_\_\_  
Notary Public

