



STATE ATTORNEY
SUSAN SHORTER LOPEZ
 THIRTEENTH JUDICIAL CIRCUIT
 TAMPA, FLORIDA 33602

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 NAME - LAST 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 not recorded on the check, give approximates)

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

2. Additional defendant information

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

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)

Phone # _____

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: _____
(NOTE: IF CHECK WAS RECEIVED BY MAIL, GIVE THE DATE RECEIVED BY PERSON ACCEPTING CHECK.)

6. AMOUNT OF CHECK: _____ SERVICE CHARGE: _____

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 MONTH? _____ CONTINUING MONTH? _____ ATTACH COPY OF RENTAL AGREEMENT	IF MERCHANDISE: KIND: _____ _____	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: _____

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:

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)

14. WAS ANYONE ELSE PRESENT WHEN THE CHECK WAS GIVEN? _____ YES _____ NO
 IF YES, WHO? _____
 Bus. Address: _____ Bus. Phone: _____
 Home Address:: _____ Home Phone: _____

15. WAS THE INFORMATION REQUIRED BY STATUTE AS A BASIS FOR IDENTIFICATION PLACED ON THE THE CHECK? _____ YES _____ NO (SEE #1 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.)

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

Please read and sign page 3

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____.

Notary public

Personally known: _____
ID TAKEN _____

Seal:

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

(YOUR SIGNATURE)
AFFIANT SIGNATURE DATE

(YOUR NAME PRINTED)
AFFIANT (PRINT OR TYPE YOUR NAME)

(YOUR ADDRESS)
AFFIANT'S BUSINESS ADDRESS

(YOUR PHONE NUMBER)
AFFIANT'S BUSINESS PHONE NUMBER

If mailed, this form must be notarized prior to mailing. If the affiant personally delivers this form to the State Attorney's Office, our Worthless Check Unit will assist with notarization of the affidavit.

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. TAKER OF THE CHECK AND THEIR POSITION			
2. YOUR NAME			
3. ALL WITNESSES LISTED IN #14 OF THE AFFIDAVIT			
4. BOOKKEEPER, MANAGER, OR OWNER OF BUSINESS			