



**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: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY STATE THAT ON THE \_\_\_\_\_ DAY  
(NAME OF PERSON COMPLETING THIS FORM) (DATE OF OFFENSE)

OF \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_  
(DEFENDANT NAME - LAST FIRST MIDDLE)

OF \_\_\_\_\_  
(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

3. PAYEE(S) ON CHECK: \_\_\_\_\_

PAYEE'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

4. LOCATION OF OFFENSE: \_\_\_\_\_

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: \_\_\_\_\_

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

8. WHAT WAS THE CHECK GIVEN FOR? CASH \_\_\_\_\_ RENT \_\_\_\_\_ MERCHANDISE \_\_\_\_\_ SERVICES \_\_\_\_\_

OTHER \_\_\_\_\_ SPECIFY: \_\_\_\_\_

IF RENT: FIRST MONTH? _____ CONTINUING MONTH? _____  <b>ATTACH COPY OF RENTAL  AGREEMENT</b>	IF MERCHANDISE:  KIND: _____ _____	IF SERVICES:  KIND: _____ <b>ATTACH COPY OF INVOICE - INDICATE  TOTAL FOR PARTS AND TOTAL FOR LABOR</b>
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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:	
BUSINESS ADDRESS:	BUS PHONE:
HOME ADDRESS:	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  
IF NO, HOW CAN THE DEFENDANT BE IDENTIFIED? \_\_\_\_\_

HOW DO 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\_\_\_\_.

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

\_\_\_\_\_  
Notary public

\_\_\_\_\_  
AFFIANT SIGNATURE

\_\_\_\_\_  
DATE

Personally known: \_\_\_\_\_  
ID TAKEN \_\_\_\_\_

\_\_\_\_\_  
AFFIANT (PRINT OR TYPE YOUR NAME)

Seal:

\_\_\_\_\_  
AFFIANT'S BUSINESS ADDRESS

\_\_\_\_\_  
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.			
2.			
3.			
4.			