



**STATE ATTORNEY**

**SUSAN S. LOPEZ**

THIRTEENTH JUDICIAL CIRCUIT  
TAMPA, FLORIDA 33602

**THIRD PARTY AFFIDAVIT**

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

I, \_\_\_\_\_ (Name) hearby state that I am \_\_\_\_\_  
(Age), years old, \_\_\_\_\_ (Race), \_\_\_\_\_ (Sex), \_\_\_\_\_ (Weight), \_\_\_\_\_, (Height) and I presently reside at  
\_\_\_\_\_, \_\_\_\_\_ (Address, City, State, Zip).

My phone number is \_\_\_\_\_

And I am stating that I received check number \_\_\_\_\_, drawn on \_\_\_\_\_ (Bank).

In \_\_\_\_\_ (City & State), dated \_\_\_\_\_

in the amount of \$ \_\_\_\_\_ and signed by the following person:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Driver License State and Number: \_\_\_\_\_

And presented to me by:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Driver License State and Number: \_\_\_\_\_

This check was payment due me for \_\_\_\_\_.

I accepted this check in good faith and I was not advised that the check was not good. This check was not posted-dated nor was I told to hold this check before cashing it. I cased this check in good faith at  
\_\_\_\_\_ located at \_\_\_\_\_

**I SWEAR THAT THIS STATEMENT IS TRUE AND AGREE TO APPEAR IN COURT AS A WITNESS TO THIS STATEMENT.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Sworn to the subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary

Date Commission Expires: \_\_\_\_\_

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Type of Identification Produced