



STATE ATTORNEY
MARK A. OBER
Thirteenth Judicial Circuit of Florida

THIRD PARTY AFFIDAVIT

Date: _____

Case Number: _____

I, _____ (Name) hereby state that I am
_____ (Age), years old, _____ (Race), _____ (Sex), _____ (Weight), _____ (Height) and I presently
reside at _____ (Address, City, State, Zip)
My home phone number is _____ and I am stating that I received
check number _____, drawn on _____ (Name of 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: _____ DL#: _____

and presented to me by:

Name: _____ Date of Birth: _____

Race/Sex: _____ Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ DL#: _____

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 cashed 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 and subscribed before this _____ day of _____, 20____

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary and
Date Commission Expires
Personally known ___ or Produced Identification ____

Type of Identification Produced