



MARK A. OBER
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Thirteenth Judicial Circuit

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'S LAST NAME 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 YOU DO NOT HAVE EXACT DESCRIPTION - USE APPROXIMATES)

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

2.

OCCUPATION/BUSINESS ADDRESS	SOCIAL SECURITY #	OTHER IDENTIFICATION

3. PAYEE(S) ON CHECK: _____

PAYEE'S ADDRESS: _____

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: _____ (\$25.00 if the face value does not exceed \$50, \$30 if the face value does not exceed \$50 but does not exceed \$300.00, or an amount of up to 5 percent of the face amount of the check, whichever is greater.)

7. CHECK NUMBER: _____ DRAWN ON BANK: _____

BANK ADDRESS: _____

8. WHAT WAS THE CHECK GIVEN FOR? CASH _____ RENT _____ MERCHANDISE _____ SERVICES _____
OTHER _____ SPECIFY: _____

IF RENT: FIRST MONTHS? _____ CONTINUING MONTH _____ ATTACH COPY OF RENTAL AGREEMENT	IF MERCHANDISE: KIND: _____ (SPECIFY KIND OF MERCHANDISE) _____	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 ___ NO ACCOUNT ___
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: _____

PLEASE TURN OVER AND COMPLETE REVERSE SIDE    

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.

