



MARK A. OBER  
State Attorney  
Thirteenth Judicial Circuit

**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'S LAST NAME) 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 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 (OF PERSON WHO SIGNED THE CHECK)	SOCIAL SECURITY #	OTHER IDENTIFICATION

3. PAYEE(S) ON CHECK: **(WHO THE CHECK IS MADE PAYABLE TO. IF 3<sup>RD</sup> PARTY CHECK, ADD YOUR NAME IN PARANTHESIS)**

PAYEE'S ADDRESS: **(ADDRESS OF #3 OR YOUR ADDRESS IF A 3<sup>RD</sup> PARTY CHECK)**

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: **(DATE AND TIME THE CHECK WAS GIVEN)**  
(NOTE: IF CHECK WAS RECEIVED BY MAIL, GIVE THE DATE RECEIVED BY PERSON ACCEPTING CHECK.)

**(DO NOT LIST BANK CHARGES)**

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: \_\_\_\_\_ **(NAME OF BANK)**

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

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

IF RENT: FIRST MONTHS? _____ CONTINUING MONTH _____ <b>ATTACH COPY OF RENTAL AGREEMENT</b>	IF MERCHANDISE: KIND: _____ <b>(SPECIFY KIND OF MERCHANDISE)</b>	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 \_\_\_ NO ACCOUNT \_\_\_  
OTHER REASON: (explain) \_\_\_\_\_

10: WAS 15-DAY LETTER SENT? \_\_\_ YES \_\_\_ NO If no, state reason: **(see #11 on information sheet)**  
IS RECEIPT, RETURNED LETTER OR AFFIDAVIT OF FIRST CLASS MAILING ATTACHED?  
\_\_\_ YES \_\_\_ NO

11.

NAME OF PERSON WHO TOOK CHECK: _____ <b>( MUST BE COMPLETED)</b>
BUSINESS ADDRESS: _____ <b>(MUST BE COMPLETED)</b> BUS. PHONE: _____
HOME ADDRESS: _____ <b>(MUST BE COMPLETED)</b> 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.

