

**SWORN COMPLAINT FOR WORTHLESS CHECK**  
(PLEASE TYPE OR PRINT)

THIS FORM IS TO BE FILLED OUT COMPLETELY by the person seeking prosecution for a worthless check issued by the person described herein. One form must be prepared for each check. The ORIGINAL check must be attached to this sworn complaint.

CASE NUMBER \_\_\_\_\_

S.A. NUMBER \_\_\_\_\_

INSUFFICIENT FUNDS ( )      ACCOUNT CLOSED ( )      STOP PAYMENT ( )      OTHER ( )

CHECK RECEIVED ON: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ CHECK # \_\_\_\_\_  
Month      Day      Year

CITY/COUNTY/STATE WHERE CHECK RECEIVED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City      County      State

CHECK WRITER'S NAME: \_\_\_\_\_  
LAST      FIRST      MIDDLE

ADDRESS: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
STREET      CITY      STATE      ZIP

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PASSER: \_\_\_\_\_  
LAST      FIRST      MIDDLE

DOB	S	R	HGT	SS#	DRIVER'S LICENSE #	ST	OTHER PICTURE ID

1. Did check taker compare picture ID with check writer/passers? Yes ( ) No ( )
2. Can check writer or passer be identified on sight? Yes ( ) No ( )
3. Was check taker asked to delay deposit or was check postdated? Yes ( ) No ( )
4. Was check for payment on account or debt? If so, please specify \_\_\_\_\_ Yes ( ) No ( )
5. Did check taker initial the check or is check taker ID printed on check? Yes ( ) No ( )
6. Was a photograph or video made of the check writer or passer? Yes ( ) No ( )
7. Has any payment been received on check? If so, what amount \_\_\_\_\_ Yes ( ) No ( )
8. Was check for payment of an order/contract signed by check writer? Yes ( ) No ( )
9. Was check writer or passer sent notice at least fifteen days ago? Yes ( ) No ( )
- \*\***(ATTACH COPY OF LETTER AND ORIGINAL RETURN RECEIPT OR AFFIDAVIT OF SERVICE OF MAIL)**\*\*
10. How was check received? In person ( ) Delivered ( ) Mail ( ) Other ( ) \_\_\_\_\_
11. Was check cashing ID number used on check? If so, number \_\_\_\_\_ Yes ( ) No ( )
12. Was check for merchandise/tangible goods? Yes ( ) No ( )
13. Was check returned for stop payment? Yes ( ) No ( )
14. Was check for services or labor? If so, specify \_\_\_\_\_ Yes ( ) No ( )

VICTIM: (If Business, Legal Name): \_\_\_\_\_  
LAST      FIRST      MIDDLE

ADDRESS \_\_\_\_\_ PH ( ) \_\_\_\_\_  
STREET      CITY      ST      ZIP

CHECK TAKER: \_\_\_\_\_  
LAST      FIRST

I herby certify that all of the above information is true, that the taker of the check was not informed and did not have reason to believe that the check was not good when given, and that the check was not taken as "security." I agree to cooperate fully and will appear to testify. I understand that once I have signed this complaint, I will have no authority to drop charges without consent of the State Attorney.

Before me, the undersigned authority, personally appeared the affiant, **who is personally known to me ( ) OR who has produced \_\_\_\_\_ as identification ( )**, and who, being first duly sworn, states that the above information is true and that the check referenced above was passed contrary to the statute, rule, regulation, or other provision of law in such case made and provided, and against the peace and dignity of the State of Florida.

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
SIGNATURE OF AFFIANT \_\_\_\_\_

SEAL \_\_\_\_\_

(SIGN) NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXPIRES: \_\_\_\_\_

NAME (PRINTED) \_\_\_\_\_  
BUSINESS MAILING ADDRESS: \_\_\_\_\_  
BUSINESS PHONE: ( ) \_\_\_\_\_