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.

		CAS	E NUMBER			S.A. NUMBER		
INSUFFICIENT FUNDS ()			ACCOUNT CLOSE	ED ()	STOP PAYMENT ()		OTHER ()
CHECK REC	EIVED O	N:	_// AM	IOUNT \$	CHECK #			
			15.					
CII I/COON	(1/31A1)	E WHERE	CHECK RECEIVED:	City	County	State	e	
CHECK WR	ITER'S N	IAME:	LAST	%				
ADDRESS:			LAST	LAST FIRS CITY STATE		MIDDLE PHONE ()		
STREET PLACE OF EMPLOYMENT:			CITY	STATE	ZIP)	
PASSER:						(/	
FASSER	LAST	Γ		FIRST	MIDDI	LE		
DOB	SR	HGT	SS#	DRIVER'S LICE	NSE #	ST	OTHER PIC	TURE ID
							OTHERTIC	/ TORE ID
3. D 4. W 5. W 6. D 7. W 8. H 9. W 10. **(11. I 12. Y	oes check /as check /as check /as a pho as any pa /as check Was check Was check Was check Was check Was check Was check	k taker kn taker ask taker initi taker initi tograph of syment be to for payme k writer of H COPY check rece k for merek k returned k for serv	LAST	ser? How long? was check postdated' If so, please specific taker ID printed on ock writer or passer? Is so, what amount t signed by check wite east fifteen days ago RIGINAL RETUR Delivered () Mass?	fy riter? o? N RECEIPT OR AF ail () Other()	FIDAVIT OF SE	Yes () No() MAIL)**
CHECK TA	KER: _							
check was no understand the Before me, the information is case made an SWORN TO (6)	t good what once I at once I be undersion of true and d provide OR AFFIR	hen given, have sign gned auth that the ced, and aga	ove information is true, and that the check was ed this complaint, I will cority, personally appearance referenced above ainst the peace and digram of the complete the peace and digram of the complete referenced above ainst the peace and digram of the complete referenced above ainst the peace and digram of the complete referenced above ainst the peace and digram of the complete referenced above ainst the peace and digram of the complete referenced above ainst the peace and digram of the complete referenced above ainst the peace and digram of the complete referenced above ainst the peace and digram of the complete referenced above.	s not taken as "secur I have no authority t red the affiant, who as identification was passed contrary nity of the State of F. RE ME THE FOR SIGNATU	ity." I agree to coope to drop charges without is personally known on (), and who, to the statute, rule, relorida. EGOING IS TRUE TO JRE OF AFFIANT	to me () Ol being first duly swegulation, or other	appear to testitate Attorney. R who has provorn, states that provision of la	oduced at the above aw in such
(SIGN) NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXPIRES:					NAME (PRINTED)			