

IN THE CIRCUIT/COUNTY COURT, TENTH JUDICIAL CIRCUIT
HIGHLANDS COUNTY, FLORIDA

LAKE PLACID POLICE DEPARTMENT

AGENCY # _____

OBTS # _____

WORTHLESS CHECK AFFIDAVIT
(Please type or print legibly)

Name of Checkwriter (as signed): _____ Sex ____ Race ____

Height _____ Weight _____ Date of Birth _____ Hair _____ Eyes _____

Soc Sec No _____ Driver's Lic # _____ State _____

Address: _____

Home Ph. _____ Bus Ph. _____ Employer _____

Bus Address _____

THE UNDERSIGNED, UNDER OATH, STATES that the above named checkwriter did draw, make, utter, issue or deliver a worthless check, the original submitted with this affidavit, in violation of Section 832.05, Florida Statutes, and that the answers to the following questions are true and correct.

Check # _____ in the amount of \$ _____ dated _____ and made payable to _____ and drawn on the account of _____ account # _____ was received on (date) _____ and was returned for the following reason: NSF (), ACCT. CLOSED (), NO ACCT. (), STOP PAYMENT (), UNCOLLECTED FUNDS (), REFER TO MAKER (), OTHER _____ and was received for: PAYMENT ON ACCT./DEBT (), RENT (), WAGES (), CASH (), MERCHANDISE (), or SERVICES ().

1. City and County where check was received _____
2. Was the check post dated? (dated ahead) () ()
3. Were you asked to hold or delay deposit? () ()
4. Was the check delivered personally by checkwriter? () ()
5. Was the check delivered by a person other than checkwriter? () ()
(If yes, give name and address) _____
6. Was the check sent by mail? () ()
7. Did Checkwriter sign an order or contract for which the mailed check was payment? (If yes, attach copy) () ()
8. Was a certified letter mailed to the checkwriter? () ()
(If yes, attach copy of postal receipt or unopened returned letter)
9. Can the person who accepted the check identify the checkwriter? () ()
10. Do you have a check cashing card for the checkwriter? () ()
(If yes, card # _____)
11. Was the check cashing card # recorded on the check? () ()
12. Did the person accepting the check initial the check? () ()
13. Was a photograph made of the person writing the check? () ()
14. Have you ever received a bad check from the person before? () ()
(If yes, how many times? _____)

Signature of complainant

Name of Business & Title of Complainant

Home Address

Business address Phone No.

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

WORTHLESS CHECK WITNESS FORM
(Attach to Worthless Check Affidavit)

PERSON WHO ACCEPTED THE CHECK:

Name _____ Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ Sex _____ Race _____ Occupation _____

PERSON WHO AUTHORIZED ACCEPTANCE OF THE CHECK:

Name _____ Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ Sex _____ Race _____ Occupation _____

PERSON WHO SIGNED THE 7-DAY LETTER-CERTIFIED RETURN RECEIPT: (If Known)

Name _____ Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ Sex _____ Race _____ Occupation _____

CUSTODIAN OF THE RECORDS (IF VICTIM A BUSINESS):

Name _____ Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ Sex _____ Race _____ Occupation _____

OTHER WITNESS:

Name _____ Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ Sex _____ Race _____ Occupation _____

Can Testify to: _____

OTHER WITNESS:

Name _____ Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ Sex _____ Race _____ Occupation _____

Can Testify to: _____
