



BAD CHECK COMPLAINT FORM

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TWENTIETH JUDICIAL CIRCUIT STATE ATTORNEY

FILE COMPLAINTS BY MAIL TO: P.O. BOX 6904, FORT MYERS, FL 33911-6904
(postal address only)

MERCHANT CARE HOTLINE: (800) 832-1131 ■ REFER CHECK WRITER TO: (800) 832-0709

WEBSITE: WWW.SAO.CJIS20.ORG

PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK AND SIGN AND NOTARIZE BELOW.

1. Was check post-dated? Yes No 2. Were you asked to hold or delay depositing check(s)? Yes No
 3. Does this involve a three-party check? Yes No

A YES answer to any of the above questions indicates this matter is ineligible for filing. Please contact the nearest civil / small claims court for instruction on how to proceed. Prior to submitting your check, a Statutory Notice MUST be sent to the check writer, see reverse side for instructions. A check stamped ACCOUNT CLOSED does not need a statutory notice. Attach original check, copy of statutory notice, and any other paperwork involving this complaint.

Check writer's first and last name,
(The person who signed the check not the business name) _____

Address(es) _____

City _____ State _____ Zip _____ Home Phone # _____ Other Phone # _____

SS # _____ Sex _____ M _____ F Race _____ DOB ____/____/____ Age _____ Height _____' _____"

DL# _____ State _____ **IF OUT OF STATE DL# YOU MUST PROVIDE VITAL STATISTICS ON SUSPECT**

Check # _____ Date check written _____ Amount of check _____ What was check for _____

Person who accepted check FIRST and LAST name, not cashier # _____

Can the person who accepted the check personally identify the check writer? Yes No

Victim and/or Firm Name _____ Phone _____ Ext _____

Victim Address _____ City _____ State _____ Zip _____

Email Address _____ Fax _____

Address where check was accepted if different from above address _____

I understand I must NOT accept restitution from the check writer after filing this complaint with the Bad Check Restitution Program unless I'm notified the suspect has failed this program and the case is being reviewed for criminal prosecution. Initial here _____

AFFIDAVIT OF MAILING

I, _____, do hereby swear or affirm that I sent the 15-day statutory notice to _____
(Name of person making affidavit) (Person who signed check)

to the listed address on check on _____, _____, 20____, by first-class United States Mail.
Month Day Year

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON FILING OR
MAKING AFFIDAVIT OF MAILING

** PRINT NAME

DATE FILED

Sworn and subscribed before me this _____ day of _____ 20____

Notary Public _____ Seal _____

FORMS AVAILABLE FOR FILING ON LINE: WWW.SAO.CJIS20.ORG See reverse side for filing instructions

INSTRUCTIONS FOR FILING YOUR BAD CHECK COMPLAINT:

FILL OUT ALL SECTIONS OF COMPLAINT FORM. If you have more than one check complete a complaint form for each check. Attach original check and all supporting documents such as copy of Statutory Notice, invoice, contract, etc. making sure to copy everything for your records. The 20th Judicial Circuit State Attorney's Bad Check Restitution Program will seek full restitution for victims whenever possible; provided there is sufficient information, and the case meets all eligibility guidelines; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. Take all paperwork to your local law enforcement agency or mail directly to the 20th Judicial Circuit State Attorney Bad Check Restitution Program at:

P.O. Box 6904

Fort Myers, FL 33911-6904

(Postal address only)

Any questions you have concerning your complaint call:

Merchant Care Hotline toll free (800) 832-1131

Refer the bad check writers to: (800) 832-0709

Once a complaint has been filed the Restitution Program must coordinate all restitution payments. Should the check writer contact you to make payments, direct them to the State Attorney Bad Check Restitution Program at (800) 832-0709. Occasionally the suspect may fail the diversion program and your file will then be sent for prosecution review. If this occurs, the suspect will be advised by the Court to pay restitution to you the victim. **Do not accept payment unless the suspect has paperwork from the State Attorney's Office or Court to support this claim.**

IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL A SUMMONS HAS BEEN SERVED ON THE CHECK WRITER TO APPEAR IN COURT. This office will retain all checks as a matter of official record. If for some reason the case is not prosecutable, the check (s) will be returned at your request.

Worthless Check Florida statutes 832. 07

Date _____

Dear _____ check writer:

You are hereby notified that check numbered _____ in the face amount of \$ _____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored.

Pursuant to Florida Law you have **15 days from the date of this notice to tender payment** of the full amount of such check, plus a service charge of \$25, if the face value does not exceed \$50; \$30, if the face value exceeds \$50 but does not exceed \$300; \$40, if the face value exceeds \$300 or an amount of up to 5% OF THE FACE AMOUNT OF THE CHECK, WHICHEVER IS GREATER. The total amount due being:

_____ Dollars and _____ cents.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State Attorney for criminal prosecution review. You may be additionally liable in a civil action for triple the amount of the check, but in no case less than \$50, together with the amount of the check, a service charge, court costs, reasonable attorney fees, and incurred bank fees, as provided in s.68.065

Person/Firm _____

Giving notice

Address _____

City, State, Zip _____