



WORTHLESS CHECK COMPLAINT FORM INSTRUCTIONS TWENTIETH JUDICIAL CIRCUIT STATE ATTORNEY



INSTRUCTIONS FOR FILING A WORTHLESS CHECK COMPLAINT

- **PRINT CLEARLY**
- All required signatures must be in original ink. Signatures cannot be photocopied.
- Submit the original check or the original certified legal copy of the check that was provided by the bank as well as retain a photocopy of the check for your records. Also submit your notarized worthless check complaint form affidavit, copy of any notification documents, such as your 15 day statutory letter, affidavit of mailing, receipts, invoices, bank notices, rental/lease agreement, and any other documentation pertinent to your complaint.
- Keep a copy of all paperwork for your records.
- Call the 20th Judicial Circuit State Attorney's Worthless Check Division at 239-533-1000 if you have any questions or want to find out the status of your worthless check complaint.
- Mail your completed notarized worthless check complaint form, the original certified legal copy of the check provided by the bank, copy of the 15 day statutory letter, affidavit of mailing, and any other documentation associated with your complaint, to the address provided at the top section of the complaint form (P.O. Box 399, Fort Myers, FL. 33902-0399).

When filling out a Worthless Check Complaint Form, please note the following:

- Fill out all sections of the complaint form.
- Fill out ONE complaint form for EACH check you are filing.
- Provide as much information as you know about the check writer, including the check writer's name, address, telephone number, driver's license number, the state of issuance, etc.
- For out-of-state checks, provide the vital statistics of the check writer.

- Provide requested information regarding the check such as the check number, date the check was written, check amount and list what the check was for (Goods, Services, etc.).
- Complete your information as the victim, including your full address, Email address, phone number, extension, or business name.
- List the complete address where check was accepted if it is different from the victim address recorded on the complaint form.
- Provide the **First and Last Name** of the person who accepted the check (no cashier number).
- Answer the question on the complaint form requesting whether the person accepting the check can personally identify the check writer.
- Complete the affidavit of mailing section on the complaint form if the check is stamped Non-Sufficient Funds (NSF). The affidavit of mailing is your sworn testimony that you mailed the **15 Day Statutory Letter** by first class mail to the person who signed the check. The 15 day letter must be mailed to the check writer's address listed on their check. If the check writer gives a different address to you when the check was passed, send a 15 day statutory letter to both addresses. Make a copy of all 15 day statutory letters. You will need to attach a copy of the 15 day letter(s) to accompany the worthless check complaint. The date recorded on the affidavit of mailing must match the date that is listed on your 15 day statutory letter.

Note: If the bank stamp on the check is Account Closed (AC), the 15 day statutory letter and affidavit of mailing are **NOT** required.

- Sign your name as the person filing the complaint affidavit, print your name legibly, and the date you filled out the complaint. The notary should sign and stamp their seal at the bottom of the form.

Page 3 is a sample of the Worthless Check Complaint Form. You can use this example as a guide when filling out your Worthless Check Complaints.

**WORTHLESS CHECK RESTITUTION PROGRAM COMPLAINT FORM
TWENTIETH JUDICIAL CIRCUIT STATE ATTORNEY**

Worthless Check Restitution Program Address, Telephone Number, and Web Site for Forms and Information:

P.O. BOX 399
FORT MYERS, FL 33902-0399
(postal address only)

(239) 533-1000
WWW.SAO.CJIS20.ORG

INELIGIBLE CHECKS: The following types of checks are ineligible for the program. Please contact the nearest civil/small claims court for instruction on how to proceed.

***Stop Payment checks *Three-party checks *Post-dated checks *Checks you agreed to hold before depositing *Business checks**
Note: **Business checks may be processed through civil/small claims court or taken to local law enforcement for a criminal investigation

PLEASE PRINT ALL INFORMATION IN INK, SIGN AND NOTARIZE BELOW

Prior to submitting your worthless check, a 15-Day Statutory Notice **MUST** be sent to the check writer. A check stamped **ACCOUNT CLOSED** does not require a statutory notice. Attach the original certified legal copy of check, copy of the statutory notice, and any other documentation involving this complaint. See reverse side for instructions. Fill out each section of the complaint form in its entirety.

Check Writer's First and Last Name: **Jane David** (The person who signed the check NOT the business name)

Address: **1000 Edison Boulevard**

City: **Fort Myers** **State:** **FL** **Zip:** **33901** **Home Phone #:** **239-000-000** **Other Phone #:** **NA**

SS #: **000-00-0000** **Sex:** **M X F** **Race:** **White** **DOB:** **01/01/1954** **Age:** **61** **Height:** **5' 05"**

DL#: **D000-000-00-000-0** **State:** **FL** **Check Writer's Place of Employment:** **Costco** **Employers Phone #:** **239-111-2222**

Check #: **1000** **Date check written:** **01-31-2015** **Amount of check:** **\$20.25** **What was check for:** **Plants**

Victim and/or Firm Name: **Doe Landscape, Inc.** **Phone:** **239-000-0000** **Ext:** **NA**

Victim Address: **1500 Honey Terrace** **City:** **Fort Myers** **State:** **FL** **Zip:** **33901**

Email Address: **jdove@gmail.com** **Fax:** **239-000-0001**

Address where check was accepted if different from victim address: **Same address**

FIRST and LAST name of the person who accepted check, not cashier number: **Betty Flint**

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

AFFIDAVIT OF MAILING

I, **John Doe** (Name of person making affidavit), do hereby swear or affirm that I sent the 15-day statutory notice to **Jane David** (Person who signed check) to the address listed on the check on **February, 15th, 2015**, by first-class United States Mail.

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: *John Doe*

**** PRINT NAME:** **John Doe** **DATE FILED:** **March, 10th, 2015**

Sworn and subscribed before me this **10th** **day of** **March, 2015**

Notary Public: **Elmer Finley**

Seal: **Notary Stamp**

FORMS AVAILABLE FOR FILING ON LINE: WWW.SAO.CJIS20.ORG