



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

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

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

***Stop Payment checks** ***Three-party checks** ***Post-dated or altered 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 the 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: _____
(The person who signed the check, NOT the business name)

Address: _____

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

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

DL#: _____ **State:** _____ **Check Writer's Place of Employment:** _____ **Employer's Phone #:** _____

Check #: _____ **Date Check Written:** _____ **Amount of Check:** _____ **What Was Check For:** _____

Victim and/or Firm Name: _____ **Phone #:** _____ **Ext:** _____

Victim Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____ **Fax #:** _____

Address where check was accepted if different from victim address: _____

FIRST and LAST name of the person who accepted check, not the cashier #: _____

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

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 address listed on the 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 AFFIDAVIT **PRINT NAME** **DATE FILED**

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

Notary Public _____ Seal _____

INSTRUCTIONS FOR FILING YOUR WORTHLESS 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 certified legal copy of the check and all supporting documents such as a copy of the 15 Day Statutory Notice, invoice, contract, etc.. Make sure to copy everything for your records. The 20th Judicial Circuit State Attorney's Worthless Check Restitution Program will seek full restitution for victims whenever possible, provided there is sufficient information, and the case meets all statutory eligibility guidelines. However, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. Take all paperwork directly to the 20th Judicial Circuit State Attorney's office or mail to:

**State Attorney
Worthless Check Division
P.O. Box 399
Fort Myers, FL 33902-0399
(Postal address only)**

Any questions you may have concerning your complaint call: **(239) 533-1000**

As part of the program, the check writer is required to make full payment of restitution directly to you. Please provide him or her with a receipt as proof of payment. Should the check writer fail the Restitution Program, your Worthless Check Complaint will then be reviewed for Criminal Prosecution.

If the case is not prosecutable, the check will be returned at your request.

Worthless Check Florida Statute 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: _____