STATE ATTORNEY'S OFFICE FOURTH JUDICIAL CIRCUIT OF FLORIDA

WORTHLESS CHECK AFFIDAVIT

(Please type or print legibly)

SA No.:	
	(Office use only)

For Office Use Only: Juvenile Misdemeanor Felony Accts Receivable PTR Only Stop Payment Three Party

Duval Office 311 West Monroe Street, 1st Floor Jacksonville, Florida 32202 (904) 255-2557

Clay Office 825 North Orange Avenue Green Cove Springs, Florida 32043 (904) 269-6319

Nassau Office 76347 Veterans Way, Suite 2105 Yulee, Florida 32097 (904) 548-4700

	* Indicates	reauired	information
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* Indicates required information				
Complainant: *				
Address: *		City:	State:	Zip:
Home Phone:	Cell:		Work:	
E-mail Address:				
Contact Name: *				
Name of check writer: *				
Address: *				
Home Phone:	Cell:		Work:	
E-mail Address:				
Driver's License No.: * Date of Birth: *		Stat	te:	
Date of Birth: *	Height: *	Race: *	Sex	K: *
The below, under oath, states the a following questions are true. Please 837.06 False Official Statements - Who for his or her official duty shall be guilty of Check # in the amount of account number [] NSF	oever knowingly makes a false stoff a misdemeanor of the second of \$ and made p, was received of the Closed [] No Accounting Accounting [] Rent	atement in writing with the indegree, punishable as proving ayable to	ntent to mislead a public served in s. 775.082 or s. 776.083 , and was returned for the ment [] Uncollection [] Merchandise [vant in the performance 3. ne following reason: cted Funds
Was check post dated? [] Yes] No [] No [] No act for which the mailed check of the writer? [] Yes [] Yes	[] No (Attach copy o	of letter and postal receipt or u	,

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Name of person accepting check:						
This person can identify check writer by which of	of the follow	ing me	ans:			
(Attach additional Affidavits if needed - i.e., Affidavit of	of Personal K	(nowled	ge, Idei	ntification by Driver's License)		
Independent Recollection	Yes []	No []	Cannot Identify (Circle)		
Legible copy of Driver's License	Yes []	No []			
Personal Knowledge* Y		No []	Identified using Driver's License * Yes [] No [
*(Complete Affidavit of Personal Knowledge)				*(Complete Affidavit of Identification by Driver's License)		
Sworn to and subscribed before me this						
, 20, by the aforemention				Drinted Name of Occasional		
who is personally known to me or who has produced as identification and			Printed Name of Complainant			
who did / did not take an oath.	sation and					
				Signature of Complainant		
Notary Public, State of Florida				Signature of Complainant		

Use <u>one</u> of the below Affidavits as a Form of Identification for the Check Writer

AFFIDAVIT OF COMPARISON OF DRIVER'S LICENSE

	l,			, do swear or affirm that I accepted check #
from				. I know that I accepted the check from
				ompared the check presenter's face with the photo on the driver's
license	pres	sented, and compared the	name on the check with	n the name on the driver's license, and both matched.
who is	per	d subscribed before me this, 20, by the aforemen sonally known to me of the contract o	tioned Affiant r who has	Printed Name of Affiant
Notary	Public	c, State of Florida		Signature of Affiant
writer,				SONAL KNOWLEDGE, do swear or affirm that I personally know the check I know them because:
,				
	A.	Business Relationship:		been a customer of my business for months, and we times a month.
	B.	Personal Relationship:	The Check Writer is a	[] Family Member[] Friend[] Neighbor[] Other (explain in the following space)
who is	perso	d subscribed before me this, 20, by the afore onally known to me or wh as d not take an oath.	mentioned Affiant	Printed Name of Affiant
Notary	Public	c, State of Florida		Signature of Affiant