



BAD CHECK COMPLAINT FORM

2/28/2017

ED BRODSKY

12TH JUDICIAL CIRCUIT STATE ATTORNEY

VICTIM SERVICES, INC. MAIL PROCESSING
FILE COMPLAINTS BY MAIL TO:
P.O. BOX 350160, MIAMI, FL 33135-0160
(postal address only)

VICTIM HOTLINE: (866) 909-8440
REFER CHECK WRITER TO: (866) 909-9126
FOR MORE INFORMATION: www.checkprogram.com/12thjudicialfl

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

VICTIM INFORMATION

Victim / Merchant Name _____ Phone _____ Ext _____

Victim address _____ City _____ State _____ Zip _____

Email Address _____ Fax _____

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

CHECK WRITER INFORMATION

Name _____

Address(es) _____ City _____ State _____ Zip _____

Home Phone # _____ Other Phone # _____ DL# _____ DOB ____/____/____

SS# _____ Sex ____ M ____ F Race _____ Age _____ Weight _____ Eyes _____ Height _____' _____

Check # _____ Amount of check _____ Date check written _____

NSF ACCOUNT CLOSED STOP PAYMENT OTHER _____

CHECK WAS ISSUED FOR THE FOLLOWING

CASH RENT MERCHANDISE SERVICES PAYMENT ON ACCOUNT OR DEBT

PLEASE CHECK THE COUNTY WHERE THE CHECK WAS ACCEPTED: Sarasota Manatee DeSoto

PLEASE ANSWER THE FOLLOWING QUESTIONS

- | | |
|---|--|
| 1. Was check post-dated (date ahead)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Did check writer sign a contract for which mailed check was payment? If yes, attach copy. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Were you asked to hold or delay deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Was a certified letter or Affidavit of First Class Mail sent to check writer? If yes, attach copy. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Was the check delivered personally by the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Can the person who accepted the check identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Was the check sent by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Is this a 2 party check or business acct? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 _____

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

PRINT NAME

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

Signature of Notary Public, State of Florida

Seal:

FORMS AVAILABLE FOR FILING ON LINE: www.checkprogram.com/12thjudicialfl See reverse side for filing instructions

This Program is administered by Victim Services, Inc., a private entity under contract with the State Attorney's Office.

INSTRUCTIONS FOR FILING YOUR BAD CHECK COMPLAINT:

COMPLETE ALL SECTIONS OF THE COMPLAINT FORM. You must complete a complaint form for each check you are submitting. Attach check or check copy and all supporting documentation such as: certified letter green card, entire envelope returned with green card attached or Affidavit of Notice of Worthless Check by First Class Mail; copy of contract and copy of letter mailed to check writer.

MAIL DIRECTLY TO THE FOLLOWING ADDRESS:

**Bad Check Program
P.O. Box 350160
Miami, FL 33135-0160**

SAMPLE LETTER MUST BE SENT TO CHECK WRITER. SEND BY CERTIFIED MAIL OR COMPLETE AFFIDAVIT OF NOTICE OF WORTHLESS CHECK BY FIRST CLASS MAIL AND HAVE NOTARIZED.

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 Code _____

**AFFIDAVIT OF NOTICE OF WORTHLESS CHECK
BY FIRST CLASS MAIL**

STATE OF FLORIDA

_____ COUNTY,

I, (affiant) _____, a representative of (receiver/victim), _____ located at (address) _____ in _____, Florida, _____, do hereby swear or affirm, under penalty of perjury, that notice was mailed to (issuer's name), _____, at the address of _____, () the address printed on the check, or, () given at the time of issuance, by first class U.S. mail, on the _____ day of _____, 20___. Notice was given pursuant to Florida Statute 832.07(1), said notice being attached to this affidavit.

Signature of Affiant

NOTARY PUBLIC
STATE OF FLORIDA

The above affidavit of notice was sworn to and signed by the above affiant in my presence by a person () personally know to me, or () identified by _____ on this _____ day of _____, 20__.

Notary Public

BAD CHECK PROGRAM INFORMATION

As a victim of a bad check, you may file this report with the 12th Judicial Circuit State Attorney, provided there is sufficient information and that the check meets all eligibility guidelines. The 12th Judicial Circuit State Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that the Bad Check Restitution Program can make no recovery guarantees.

Should the check writer contact you to make payment, refer them to the Check Writer Hotline at (866) 909-9126.

You may contact the Merchant/Victim Hotline for case updates at (866) 909-8440.

If the check writer does not comply with the Program, the case may be reviewed for possible prosecution. If we are unable to recover restitution and/or the check is not eligible for prosecution, you may request the check(s) be returned to you to pursue a civil remedy.