



WORTHLESS CHECK AFFIDAVIT

EIGHTEENTH JUDICIAL CIRCUIT STATE ATTORNEY NORMAN WOLFINGER

10/08/09

Bad Check Program Address:
P.O. Box 320460
Cocoa Beach, FL 32932-0460

Bad Check Program Contact:
(866) 398-0763 - Merchant Hotline
(866) 740-7405 - Check Writer Hotline
(Please refer check writer to the "check writer" hotline)

For more information: checkprogram.com/18thjudicialfl

Step 1 Confirm Eligibility	<p>The following types of checks are ineligible for the program:</p> <table style="width: 100%;"> <tr> <td>*Two-party checks</td> <td>*Partially re-paid checks</td> <td>*Fraudulent or stamped lost/stolen/forged</td> </tr> <tr> <td>*Credit card checks</td> <td>*Post/pre dated or altered checks</td> <td>*Checks you agreed to hold before depositing</td> </tr> <tr> <td>*Checks passed outside of your county</td> <td>*Checks which are repayment of loan or civil contract agreement</td> <td></td> </tr> </table>	*Two-party checks	*Partially re-paid checks	*Fraudulent or stamped lost/stolen/forged	*Credit card checks	*Post/pre dated or altered checks	*Checks you agreed to hold before depositing	*Checks passed outside of your county	*Checks which are repayment of loan or civil contract agreement	
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Step 2 Victim Information	<p>Victim/Merchant Name: _____</p> <p>Contact Name: _____ Title: _____</p> <p>Victim Contact Information: (Required) Email: _____</p> <p style="padding-left: 150px;">Phone: (____) _____ Fax: (____) _____</p> <p>• <u>Email and/or fax are required for acknowledgement receipt of check and/or Program communication</u></p> <p>Address: _____ City: _____ State: _____ Zip Code: _____</p> <p>Please check the county where the check was accepted? <input type="checkbox"/> Brevard County <input type="checkbox"/> Seminole County</p>
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Step 3 Check Writer Information	<p>Check Writer's Name: _____</p> <p>Address: _____ Apt: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Home Phone:(____) _____ Other Phone:(____) _____</p>	<p>Driver's License # / Other ID #: _____</p> <p>State: _____ Date of Birth: ____/____/____ Gender: _____</p> <p>Other ID: (if applicable) _____ Race: _____</p>
Written notice must be sent to recover the bad check(s) in question. If no attempt has been made, the check is not eligible for prosecution. (See courtesy notice on back.)		

Step 4 Check Information	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Ck. No.</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Date Passed</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>\$ Amount</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name of person accepting check</u> <i>(if no longer employed please list manager)</i></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>*What was Check For?</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Can person ID check writer?</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table> <p>*Check For: (Pick one: Rent, Wages, Cash, Merchandise, or Services)</p> <p>Address where check was accepted (if different than above in Step 2): _____ (Required)</p> <p>City: _____ State: _____ Zip Code: _____</p>	<u>Ck. No.</u>	<u>Date Passed</u>	<u>\$ Amount</u>	<u>Name of person accepting check</u> <i>(if no longer employed please list manager)</i>	<u>*What was Check For?</u>	<u>Can person ID check writer?</u>	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Step 5 Victim Verification Sign & date	<ul style="list-style-type: none"> I will <u>not</u> accept direct payment from the check writer after filing this report with the Program. Please refer check writer to (866) 740-7405. I understand that the check writers have the option to dispute this claim in writing with the Bad Check Program. If this affidavit is not completely filled out it will prevent or delay this case from moving forward and/or for prosecution review. I attest that I have sent notice to the check writer and after 15 days it remains unpaid. I have reviewed the filing instructions, I hereby affirm and attest <u>under penalty of perjury</u>, that all information provided on this affidavit is true to the best of my knowledge. <p>X _____</p> <p style="display: flex; justify-content: space-between;">Signature of Person Filing (Required) Print Name of Person Filing Date Filed</p>
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Step 6 Affidavit of Mailing	<p style="text-align: center;"><u>AFFIDAVIT OF MAILING</u></p> <p>I, _____ name of person making affidavit, do hereby swear or affirm that I sent the statutorily required notice to _____ check writer, at _____ on _____, _____, 20____, by first-class United States Mail.</p> <p>Signature of person making affidavit _____</p> <p>Sworn and subscribed before me this _____ day of _____ 20____</p> <p>Notary Public _____ Seal _____</p>
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Additional affidavits are available at: checkprogram.com/18thjudicialfl

Staple original or bank-generated substitute check here

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 _____

Bad Check Program Information

As a victim of a bad check you may file this report with the Eighteenth Judicial Circuit State Attorney, provided there is sufficient information, and that the check meets all eligibility guidelines. The Eighteenth 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. By submitting the check to the program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Program. "Restitution" refers to the face value of all checks listed on this report.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment,
- A check issued by someone not competent or of legal age,
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check,
- A check issued to pay an obligation arising from an illegal transaction.

What to do after my affidavit is filed with the Program

- Please **do not** accept direct payments from check writers. Should the check writer contact you to make payment, refer them to the Check Writer Hotline at (866) 740-7405.
- You may contact Merchant Care for case updates at (866) 398-0763 or 18thJudicialFL@checkprogram.com at anytime.
- Please allow a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal 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 pursue a civil remedy.

Filing Instructions

1. Fill out Report Completely.
2. Attach checks and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "COURTESY NOTICE."
3. Mail Worthless Check Affidavit and all other correspondence to:
Eighteenth Judicial Circuit Bad Check Restitution Program
P.O. Box 320460, Cocoa Beach, FL 32932-0460
4. Once a report has been filed: ALL restitution payments must be coordinated by the State Attorney's Office. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (866) 740-7405.
DO NOT ACCEPT PAYMENT DIRECTLY FROM CHECKWRITER.