

**SWORN COMPLAINT FOR WORTHLESS CHECKS**

(type or print only)

This form is to be filled out as completely as possible by the person seeking prosecution for issuance of a worthless check issued by the person described herein. One form must be completed for each check. The ORIGINAL check must be attached to this Sworn Complaint.

Date Check Received: Month 07 Day 25 Year 2006Check Received From: Minnie MouseAddress: 1 World Way, Orlando, FL 33985Date of Birth: Month 01 Day 01 Year 1951 Sex F Race W SS#: 123-45-6789Drivers License: M123-456-78-901-0Place of Employment: Walt Disney WorldWork Phone: (407) 123-4567Can you identify the Defendant: Yes X No \_\_\_\_\_Home Phone: (407) 123-4567VICTIM: (If Business, Legal Name) Daisy Duck's BakeryAddress: 25 Epcot Avenue, Orlando, FL 33985Person Who Accepted Check: Daisy DuckAddress: 25 Epcot Avenue, Orlando, FL 33985Home Phone: (407) 987-6543 Business Phone: (407) 555-9658 Position/Title: Owner/Manager

THE UNDERSIGNED, UNDER OATH, STATES that the above named check writer did draw, make, utter, issue or deliver a worthless check, the original submitted with this affidavit, and that the answers to the following questions are true and correct:

Check was received in: (City, County, State) Orlando, Osceola, Florida**Amount of check:****Check was accepted for: (check one)**

Cash   
 Merchandise   
 Payment on Account   
 Other (Describe) \_\_\_\_\_

**Check No.****Check was returned for: (check one)**

Insufficient Funds   
 Account Closed   
 Payment Stopped   
 Other (Describe) \_\_\_\_\_

Defendant has X has not \_\_\_\_\_ been sent a certified or registered mail notice OR has been sent a notice by 1<sup>st</sup>-class U.S. Mail (Sworn Affidavit Attached) and fifteen days have passed since the notice was mailed (attached copy of notice): Was check delivered by: Mail X Check writer \_\_\_\_\_ Other \_\_\_\_\_.

Was check postdated: Yes \_\_\_\_\_ No X. Were you asked to hold or delay deposit: Yes \_\_\_\_\_ No X.

THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT: \_\_\_\_\_ *Sign in front of Notary*PRINT NAME: Minnie MouseADDRESS: 1 World Way, Orlando, FL 33985BUSINESS PHONE: (407) 123-4567

The State Attorney has no authority to enforce restitution and I agree to cooperate fully and will appear to testify. I understand that once I have signed this complaint I have no authority to drop charges without the prior consent of the State Attorney.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Print, Type or Stamp Commissioned Name of Notary Public

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_