

WORTHLESS CHECK AFFIDAVIT

(Please type or print legibly)

For Office Use Only:

- Juvenile
- Misdemeanor
- Felony
- Accts Receivable
- PTR Only
- Stop Payment
- Three Party

SA No.: _____
(Office use only)

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 required information**

Complainant: * _____
 Address: * _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 E-mail Address: _____
 Contact Name: * _____ Title: * _____

Name of check writer: * _____
 Address: * _____
 Home Phone: _____ Cell: _____ Work: _____
 E-mail Address: _____
 Driver's License No.: * _____ State: _____
 Date of Birth: * _____ Height: * _____ Race: * _____ Sex: * _____

The below, under oath, states the above-named check writer did make the check submitted with this affidavit and the answers to the following questions are true. Please make sure to answer all questions.

837.06 False Official Statements - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as proved in s. 775.082 or s. 776.083.

Check # _____ in the amount of \$ _____ and made payable to _____,
 account number _____, was received on (date) _____, and was returned for the following reason:
 NSF Account Closed No Account Stop Payment Uncollected Funds
 Other: _____,
 and was received for: Payment on Account/Debt Rent Wages Cash Merchandise Services

Write a brief description of Transaction: _____

County where check accepted: Duval Clay Nassau
 Was check post dated? Yes No
 Was check held? Yes No
 Third party check? Yes No
 Was check mailed? Yes No
 Did check writer sign an order or contract for which the mailed check was payment? Yes No (If YES, attach copy)
 Was a certified letter mailed to the check writer? Yes No (Attach copy of letter and postal receipt or undelivered letter)
 Was check delivered by check writer? Yes No
 If not, give the name, address, and phone number of person who delivered check: _____

Name of person accepting check: _____

This person can identify check writer by which of the following means:

(Attach additional Affidavits if needed - i.e., Affidavit of Personal Knowledge, Identification by Driver's License)

Independent Recollection Yes [] No []

Legible copy of Driver's License Yes [] No []

Personal Knowledge* Yes [] No []

**(Complete Affidavit of Personal Knowledge)*

Cannot Identify **(Circle)**

Identified using Driver's License * Yes [] No []

**(Complete Affidavit of Identification by Driver's License)*

Sworn to and subscribed before me this _____ day of _____, 20____, by the aforementioned Affiant who is personally known to me or who has produced _____ as identification and who **did / did not** take an oath.

Printed Name of Complainant

Signature of Complainant

Notary Public, State of Florida

Use one of the below Affidavits as a Form of Identification for the Check Writer

AFFIDAVIT OF COMPARISON OF DRIVER'S LICENSE

I, _____, do swear or affirm that I accepted check # _____ from _____. I know that I accepted the check from _____ because I compared the check presenter's face with the photo on the driver's license presented, and compared the name on the check with the name on the driver's license, and both matched.

Sworn to and subscribed before me this _____ day of _____, 20____, by the aforementioned Affiant who is personally known to me or who has produced _____ as identification and who **did / did not** take an oath.

Printed Name of Affiant

Notary Public, State of Florida

Signature of Affiant

AFFIDAVIT OF PERSONAL KNOWLEDGE

I, _____, do swear or affirm that I personally know the check writer, _____. I know them because:

- A. Business Relationship: The Check Writer has been a customer of my business for _____ months, and we have personal contact _____ times a month.
- B. Personal Relationship: The Check Writer is a Family Member
 Friend
 Neighbor
 Other (explain in the following space)

Sworn to and subscribed before me this _____ day of _____, 20____, by the aforementioned Affiant who is personally known to me or who has produced _____ as identification and who **did / did not** take an oath.

Printed Name of Affiant

Notary Public, State of Florida

Signature of Affiant