



BAD CHECK COMPLAINT FORM
FIFTEENTH JUDICIAL CIRCUIT – PALM BEACH COUNTY
ALEXCIA COX, STATE ATTORNEY

Bad Check Program
401 N. Dixie Highway
West Palm Beach, FL 33401
(561) 355-7476

STEP 1
CONFIRM
ELIGIBILITY

The following types of checks are ineligible for the program:

- *checks \$5,000.00 or more
- *Two-party checks
- *Partially re-paid checks
- *Fraudulent or stamped lost/stolen/forged
- *Payroll or credit card checks
- *Post/pre dated or altered or you agreed to hold before depositing checks
- *Checks passed outside of Palm Beach County
- *Checks that are repayment of loan or civil contract agreement

STEP 2
VICTIM
INFORMATION

Victim/Merchant Name: _____
Contact Name: _____ Title: _____
Victim Contact Information: Email: _____
(Required)
Phone: () _____ Fax: () _____

- **Email and/or fax are required for acknowledgement receipt of check and/or Program communication**

Address: _____ City: _____ State: _____ Zip: _____

STEP 3
CHECK
WRITER
INFORMATION

Check Writer's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Other Phone: () _____
Driver's License #: _____ State: _____ Date of Birth ____/____/____ Expiration Date: ____/____/____
Social Security Number: _____ Height: _____ Weight: _____
Hair: _____ Eye Color: _____ Race: _____ Gender: ____ M ____ F Age: _____

A "Statutory Notice" must be sent to recover the bad check(s) in question to the check writer via U.S. Certified Mail or by First Class Mail with an Affidavit of Mailing. The check writer has 15 days to respond and remit payment. If no attempt has been made, the check is not eligible for prosecution. (See sample statutory notice on back.)

STEP 4
CHECK
INFORMATION

CK. No. Date Passed \$ Amount Name of person accepting check What was Check For? Can Person ID Check Writer?
(if no longer employed please list manager)

Address where check was accepted (if different than above in Step 2): _____ (Required)
City: _____ State: _____ Zip Code: _____

STEP 5

Affidavit of
Mailing &
Victim
Verification
Must be
Notarized

AFFIDAVIT OF MAILING

I, _____ do hereby swear or affirm that I sent the statutorily required notice to check writer,
_____ at _____, the address on check or given at issuance. The
notice was mailed, on the _____ day of _____, 20 _____, by first-class United States Mail.

**I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS
REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE**

X _____

Signature of Person Filing (Required)

Print Name of Person Filing

Date Filed

Sworn and subscribed before me this _____ day of _____ 20 _____
Notary Public _____ Seal _____

Staple original or bank-generated substitute check here

SAMPLE LETTER MUST BE SENT TO CHECK WRITER. SEND BY CERTIFIED MAIL OR COMPLETE AFFIDAVIT OF MAIL OF WORKTHLESS CHECK BY FIRST VCLASS 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 MAILING OF WORTHLESS CHECK - BY FIRST CLASS MAIL

STATE OF FLORIDA

PALM BEACH 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 known 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 form with the Fifteenth Judicial Circuit – Palm Beach County State Attorney Bad Check Restitution Program, provided there is sufficient information, and that the check meets all eligibility guidelines. The Fifteenth Judicial Circuit – Palm Beach County 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. "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 a complaint is filed with the Program

- If payment is received from the check writer, you must provide the State Attorney's Office with a copy of receipt.
- You may contact the State Attorney's Office for case updates at (561) 355-7476 Mon – Fri – 8:30 a.m. – 5:00 p.m.
- 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) Complete all sections of the Complaint Form.
- 2) Attach original or legal copy of all checks (including front and backs of checks) and all supporting documentation such as: certified mail or undelivered letter, entire envelope returned with green card attached or Affidavit of Mail of Worthless Check by First Class Mail; Copy of contract and copy of "Statutory Notice" mailed to check writer, receipts or invoices.
- 3) Mail Bad Check Complaint Form and all other correspondence to: Office of the State Attorney – 15th Judicial Circuit – 401 North Dixie Highway – West Palm Beach, FL 33401
Attention: Bad Check Restitution Program