	FI	BAD CHECK COMPLAINT H IFTEENTH JUDICIAL CIRCUIT – PAI ALEXCIA COX, STATE ATT Bad Check Program 401 N. Dixie Highway West Palm Beach, FL 33401 (561) 355-7476	LM BEACH COUNTY	
STEP 1 CONFIRM ELIGIBILITY	The following types of checks are ineligible for the program:*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	Contact Name: Victim Contact Information: (Required) • <u>Email and/or fax a</u>	Email: Phone: () <i>re required for acknowledgement rece</i>	Title: Fax: ()	am communication
STEP 3 CHECK WRITER INFORMATION	Address: Home Phone: () Driver's License #: Social Security Number: Hair: E A "Statutory Notice" must be by First Class Mail with an Aj	City: Other Phone: ( Other Phone: ( State: Date of the ght: Date of the ght: Race:	State: of Birth/ Exp Weight: Gender: M F A uestion to the check writer nas 15 days to respond and	iration Date:// ge: via U.S. Certified Mail or remit payment. If no
STEP 4 CHECK INFORMATION	Address where check was a	Name of person accepting check    (if no longer employed please list manage	r) 	(Required)
STEP 5 Affidavit of Mailing & Victim Verification <u>Must be</u> <u>Notarized</u>	AFFIDAVIT OF MAILING    I,			k or given at issuance. The d States Mail. ALL INFORMATION IN THIS 

Additional bad check complaint forms are available at: <u>www.sa15.org</u>

SAMPLE LETTER MUST BE SEN	NT TO CHECK WRITER. SEND BY CERTIFIED MAIL OR CO HAVE NOT	OMPLETE AFFIDAVIT OF MAIL OF WORKTHLESS CHECK BY FIRST VCLASS MAIL AND FARIZED			
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 <b>15 days from the date of this notice to tender payment</b> 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.					
		turn over the dishonored check and all other available information relating to this incident to			
the State Attorney for criminal pro	osecution review. You may be additionally liable in a civil actic	on for triple the amount of the check, but in no case less than \$50, together with the amount			
of the check, a service charge, cour	irt costs, reasonable attorney fees, and incurred bank fees, as	provided in s 68.065.			
		-			
City, State, Zip Code					
AFFIDAVIT OF MAILING OF WORTHLESS CHECK - BY FIRST CLASS MAIL					
PALM BEACH COUNTY					
	, a representative of (receiver/vic	tim). located at (address)			
	in , Florida,	, do hereby swear or affirm, under penalty of perjury, that notice was mailed to (issuer's			
	_, at the address of				
	, ( ) the address printed on the check, or, ( ) given at the time	e of issuance, by first class U.S. mail, on the day of,			
20 Notice was given pursuant to Florida Statue 832.07(1), said notice being attached to this affidavit.					
NOTARY PUBLIC	Signature of Affiant				
STATE OF FLORIDA					
The above affidavit of notice was s	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. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Restitution 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 a complaint is filed with the Program

- Please do not accept direct payments from check writer.
- 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
- 4) Once a complaint has been filed: ALL restitution payments must be coordinated by the State Attorney's Office Bad Check Restitution Program. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (561) 355-7476.