

WORTHLESS CHECK AFFIDAVIT

(Please type or print legibly)

Checkwriter Name (as signed): _____ DL# _____ State: _____

Sex: _____ Race: _____ Date of Birth: _____

Address: _____ City, ST, Zip: _____

Cell Phone: _____ Home Phone: _____ Other Phone: _____

The UNDERSIGNED HEREBY SWEARS, UNDER PENALTY OF PERJURY, that the above-named check writer did draw, make, utter, issue, or deliver the attached worthless check, and states the following questions are true and correct, and that the check involved was not post-dated when received.

Check # _____ in the amount of \$ _____, written on date _____

payable to (Payee/company name) _____,

drawn on the account number _____ of (bank name) _____

was returned for the reason:

- NSF ACCT Closed Uncollected Funds Refer to Maker Other _____

Said check was presented in exchange for:

- Merchandise Cash Services Rent ACCT/Debt Wages Other _____

1. Date check received: _____

2. City and County where check was received: _____ Pinellas Pasco

3. Was the check post-dated (dated ahead?) YES NO

4. Were you asked to hold or delay deposit? YES NO

5. Was the check delivered personally by check writer? YES NO

6. Was the check delivered by a person other than the check writer? YES NO

(If YES, give name and address) _____

7. Was the check sent by mail? YES NO

(If YES, attach copy of contract and any correspondence received with the check.)

8. Was a certified letter and/or affidavit of service mailed to the check writer? YES NO

(If YES, attach copy of letter, postal receipt, or undelivered letter.)

9. How can the person who accepted the check identify check writer?

- prior knowledge of or acquaintance with the check writer
- personal recollection of the check writer at the time check was received
- personal data recorded on the check (DL, ID card, or personal identifiers)
- personal data recorded on a check cashing card, contract, electronic record, etc. (Attach copy of the check cashing card, contract, or record.)

The forgoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who is personally known to me or who has produced _____ as identification and did take an oath.

Signature of person accepting check _____

Address _____

Phone _____

Notary Public _____

FINDING OF PROBABLE CAUSE

I, _____, have reviewed this affidavit and do find there is probable cause to hold and bind over for trial the defendant named in this affidavit.

JUDGE

DATE