

Date	<b>OFFENSE INCIDENT/WORTHLESS CHECK AFFIDAVIT</b> <i>ST. LUCIE COUNTY SHERIFF'S OFFICE</i>	Agency Case Number
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**This form is to be filled out as completely as possible by the person seeking criminal prosecution against the issuer of a worthless check. One form must be prepared for each check. The ORIGINAL check and ORIGINAL Certified Mail return receipt must be attached to this SWORN complaint. A copy of this SWORN Complaint will be returned to you once processed.**

Check appropriate box: <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Person accepting check	Name (Last, First, MI. Or Business)	Employee Position
	Address _____ City, State, Zip _____	Home - Phone - Work _____
	CAN PERSON ACCEPTING CHECK IDENTIFY SUBJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Check appropriate box: <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Person accepting check	Name (Last, First, MI. Or Business)	Employee Position
	Address _____ City, State, Zip _____	Home - Phone - Work _____
	CAN PERSON ACCEPTING CHECK IDENTIFY SUBJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**CHECK INFORMATION**

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ LOCATION RECEIVED: (Address) \_\_\_\_\_  
 COUNTY RECEIVED: \_\_\_\_\_ WAS CHECK RECEIVED IN THE MAIL?  YES  NO  
 CHECK NO.: \_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ WAS ACCEPTED FOR \_\_\_\_\_  
 \_\_\_\_\_ AND WAS RETURNED FROM THE BANK MARKED \_\_\_\_\_  
**The defendant has \_\_\_\_ has not \_\_\_\_ been sent a certified return receipt requested Statutory Demand Letter.**

**SUSPECT/DEFENDANT INFORMATION**

CHECK RECEIVED FROM: (Last, First, MI) \_\_\_\_\_  
 ADDRESS ON CHECK: (Street, City, State, Zip) \_\_\_\_\_  
 PHONE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_ RACE: \_\_\_\_ HGT: \_\_\_\_ WGT: \_\_\_\_ EYES: \_\_\_\_  
 DRIVERS LICENSE NO.: \_\_\_\_\_ ST.: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ OTHER ID: \_\_\_\_\_

**I hereby certify under penalty of perjury that all of the above information is true. The check was not postdated. The taker of the check was not informed and did not have reason to believe the check would be dishonored when given. The check was not taken as ASECURITY@ and the taker did not agree to hold the check for any length of time before cashing. I further understand that the criminal court has no jurisdiction to enter a money judgment and that 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 AND PAYMENT OF RESTITUTION DOES NOT ALLEVIATE PROSECUTION.**

**Signature of Affiant:** \_\_\_\_\_  
 Name: (printed) \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**BEFORE ME, THE UNDERSIGNED AUTHORITY PERSONALLY APPEARED: \_\_\_\_\_**  
**BEING FIRST DULY SWORN SAYS THE ABOVE INFORMATION IS TRUE.**

Sworn and subscribed before me this \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

COMMISSION EXPIRES: \_\_\_\_\_

Officer Reporting	ID	Complied FSS? Y or N	Zone	Code
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