

Please fill out this referral sheet below, affidavit, and witness list when referring worthless checks to the State Attorney's Office. Fill in all required areas. Do not write in the gray boxes. An affidavit is a legal document that must be filled out accurately. Make sure to attach a LEGAL COPY of the check (from your bank) to the affidavit. Also include any contract, lease, or paperwork that was collected from the check writer about this check, if applicable. IF YOU MAKE ANY PAYMENT AGREEMENTS OR TAKE ANY MONEY FROM THE CHECK WRITER AFTER YOU HAVE REFERRED THE CASE TO OUR OFFICE, WE WILL BE UNABLE TO ACCEPT THE CASE IN OUR PROGRAM. ADDITIONALLY, IF CHECK WRITER PAYS YOU DIRECTLY, IT IS IMPERATIVE THAT YOU CONTACT OUR OFFICE IMMEDIATELY.

WORTHLESS CHECK REFERRAL SHEET

Check Writer's Name _____ Or Check Business Name _____ (if applicable) _____	OFFICIAL USE ONLY DO NOT WRITE IN THESE BOXES			
Victim's Name _____	Assigned SPN _____ Assigned SPN _____			
Name and address for restitution correspondence: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">NAME</td> <td style="width: 33%; border: none;">STREET ADDRESS</td> <td style="width: 33%; border: none;">CITY, STATE, ZIP</td> </tr> </table>		NAME	STREET ADDRESS	CITY, STATE, ZIP
NAME	STREET ADDRESS	CITY, STATE, ZIP		
Contact phone number(s) _____ <div style="margin-left: 100px;">HOME PHONE, INCLUDING AREA CODE</div> <div style="margin-left: 100px;">_____</div> <div style="margin-left: 100px;">WORK PHONE, INCLUDING AREA CODE</div> <div style="margin-left: 100px;">_____</div> <div style="margin-left: 100px;">CELL PHONE, INCLUDING AREA CODE</div>				
Check Writer identification (SELECT ONLY ONE): <input type="checkbox"/> Prior knowledge of or acquaintance with check writer <input type="checkbox"/> Personal recollection of the check writer at the time the check was received <input type="checkbox"/> Driver's License, ID card, or identifiers recorded on check by taker at time of receipt <input type="checkbox"/> Personal data recorded on contract, lease, or agreement (<i>include this documentation</i>) <input type="checkbox"/> I cannot ID check writer.				
OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE -----				
PROSECUTABLE _____ DIVERSION ONLY _____ FELONY _____ MISDEMEANOR _____ GROUP # _____ VERIFYING INFO _____ REMARKS: _____				

COMPLETE THIS FORM, AFFIDAVIT (ALONG WITH **LEGAL COPY** OF CHECK ATTACHED),
 WITNESS LIST, AND SUPPORTING DOCUMENTS (if applicable), AND MAIL TO:

OFFICE OF BERNIE McCABE, STATE ATTORNEY
 BAD CHECK DIVERSION PROGRAM
 PO BOX 5028
 CLEARWATER, FL 33758

WORTHLESS CHECK AFFIDAVIT

(Please type or print legibly)

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

Sex _____ Race _____ Date of Birth _____ Soc Sec # _____ - _____ - _____

Address _____ City, ST, ZIP _____

Home Ph. _____ Other Ph. _____

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, 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 foregoing 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

WORTHLESS CHECK WITNESS FORM

PERSON WHO ACCEPTED THE CHECK:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

PERSON WHO AUTHORIZED ACCEPTANCE OF THE CHECK:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

PERSON WHO SENT THE 15-DAY LETTER -

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

CUSTODIAN OF THE RECORDS (IF VICTIM A BUSINESS):

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

OTHER WITNESS:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

OTHER WITNESS:

Name: _____ Sex: _____ Race: _____ DOB: _____

Home Address: _____ City: _____ State _____ Zip _____

Place of Employment: _____ Occupation: _____

Bus. Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____