

If you have any questions regarding the filing of worthless checks please contact the office in the county in which the check was passed for the following counties in the Fifth Judicial Circuit:

Marion County

Bill Gladson, State Attorney
110 N.W. 1st Avenue, Suite 5000
Ocala, Florida 34475
352-671-5800

Citrus County

Bill Gladson, State Attorney
Citrus County Courthouse
110 North Apopka Avenue
Inverness, Florida 34450
352-341-6670

Hernando County

Bill Gladson, State Attorney
Hernando County Courthouse
20 North Main Street
Brooksville, Florida 34601
352-754-4255

Lake County

Bill Gladson, State Attorney
Lake County Courthouse
550 West Main Street
Tavares, Florida 32778
352-742-4236

Sumter County

Bill Gladson, State Attorney
323 N Lawrence Street
Bushnell, Florida 33513
352-793-0285



BILL GLADSON, STATE ATTORNEY
Fifth Judicial Circuit of Florida
Serving Marion, Lake, Citrus, Sumter, Hernando Counties

WORTHLESS CHECK PROSECUTION REQUIREMENTS AND PROCEDURES

Any action on your complaint by the State Attorney's Office will be to prosecute crimes which necessarily requires the State to prove beyond and to the exclusion of every reasonable doubt the following two criminal elements: (1) identity of the person who wrote the check and (2) the criminal intent of that person. The following rules have been adopted by the State Attorney's Office pursuant to the controlling Florida Statutes:

1. Check must have been received within the Fifth Judicial Circuit (Citrus, Hernando, Lake, Marion or Sumter County).
2. Check must not have been postdated at the time received (i.e. you must not have been told to hold the check, even for one day). If there was any reason to believe the check would not be honored at the time it was presented to you, the State Attorney will not be able to prosecute.
3. Person who actually received the check must be able to appear in court to positively identify the person who presented the check or to produce the application or other record which contains the full name, sex, date of birth, and race of the person who presented the check or driver's license number written on the check.
4. Check must be plainly marked "**NSF**" (insufficient funds) or "**Account Closed**" by the bank on which the check is drawn. Note: We cannot institute a prosecution on checks marked "REFER TO MAKER", "UNCOLLECTED FUNDS", "POSTDATED" UNLESS we can prove that the check writer had intent to defraud when the suspect check was tendered to you.
5. A "Notice of Worthless Check" (see next page for sample) must be sent via CERTIFIED MAIL, with RETURN RECEIPT REQUESTED, or 1st class mail with an affidavit by the person sending the notice.
6. 15 days after the mailing of the "Notice of Worthless Check" and provided payment has not been made and you have received the return receipt or undelivered Notice letter, you may complete the Worthless Check Affidavit required by the State Attorney's Office.
7. For your complaint to be handled by the State Attorney's Office, you will be required to follow all the instructions set forth below as "Worthless Check Intake Instructions."

WORTHLESS CHECK INTAKE INSTRUCTIONS

*** ONE CHECK AFFIDAVIT MUST BE PREPARED FOR EACH CHECK ***

When the worthless check affidavit is completed and you have all the items listed below, bring them to the State Attorney's Office. **IMPORTANT:** no case will be accepted until all items are presented to the State Attorney's Office. The items you will be required to present are the following:

1. **WORTHLESS CHECK AFFIDAVIT** - must be complete and notarized.
2. **ORIGINAL CHECK - or LEGAL COPY** - must bear the stamped, written or printed explanation made by the bank to indicate why the check was dishonored.
3. **COPY OF WRITTEN NOTICE SENT TO MAKER OF THE CHECK BY YOU. THE FORM OF SUCH NOTICE SHALL BE SUBSTANTIALLY AS FOLLOWS:**

"You are hereby notified that a check numbered _____, issued by you on (date), drawn upon (name of bank) and payable to (payee) has been dishonored. Pursuant to Florida law you have 15 days from this notice to tender payment of the full amount of such check plus a service charge of *** or an amount of up to 5% of the face amount of the check, whichever is greater, the total amount due being \$ _____. 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."

- **Amount of check - \$.01 to \$50.00 - \$25.00 service charge allowed**
- **Amount of check - \$50.01 to \$300.00 - \$30.00 service charge allowed**
- **Amount of check - OVER \$300.00 - \$40.00 service charge allowed OR 5% of face value (whichever amount is greater)**

4. **ORIGINAL CERTIFIED MAIL RETURN RECEIPT FOR NOTICE LETTER** ("green card") (returned by the post office) **OR ORIGINAL UNDELIVERED NOTICE LETTER STILL ATTACHED TO ENVELOPE** (returned by the post office).
5. **ORIGINAL NOTICE LETTER WITH AFFIDAVIT OF MAILING SIGNED BY PERSON SENDING.**
6. **COPY OF DRIVERS LICENSE, RENTAL AGREEMENT, CLIENT INFORMATION, etc.** - if applicable.
7. **COPY OF ORIGINAL CONTRACT, ORDER OR REQUEST FOR GOODS OR SERVICES WHICH THE CHECK PURPORTS TO PAY** - if applicable - may be invoice, bill of sale or similar document which contains personal identification information of the check writer.
8. **AFFIDAVIT OF IDENTIFICATION** - use applicable form, i.e. driver's license form, or using client lease/rental agreement, personally known identity with check writer personal identification information - must be complete, signed and notarized **BY THE PERSON ACTUALLY RECEIVING THE CHECK.**
9. **WORTHLESS CHECK WITNESS FORM** - must be complete.

WORTHLESS CHECK AFFIDAVIT

**** FORM MUST BE COMPLETED IN FULL WITH ALL INDICATED ATTACHMENTS ****

(Please type or print legibly)

THE UNDERSIGNED, **UNDER OATH**, STATES that the below named check writer did draw, make, utter, issue or deliver a worthless check, the **original check attached** to this affidavit, and that the answers to the following questions are **to the best of my knowledge true and correct**.

Name of **check writer** (as signed): _____ Sex _____ Race _____ Height _____ Weight _____ lbs.

Date of Birth ____ / ____ / ____ Driver's License # _____ Issuing State: _____

Address: _____ (City, State, and ZIP)

Check # _____ in the **amount** of \$ _____ **dated** _____ and made **payable to** _____ and drawn on _____ bank having account number _____, **was received in** (City) _____, _____ County, **on** (date) _____, **for** (check applicable):

PAYMENT ON: ACCT/DEBT ☐, RENT ☐, WAGES ☐, CASH ☐, MERCHANDISE ☐, or SERVICES ☐,

and **was returned for** (check one): NSF ☐, ACCT CLOSED ☐, NO ACCT ☐, STOP PAYMENT ☐, UNCOLLECTED FUNDS ☐,

REFER TO MAKER ☐, or OTHER ☐ _____

- | | | Y | N |
|-----|--|--------------------------|--------------------------|
| 1) | Statements made by check writer indicating no funds on deposit to cover check? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Was the check post dated (dated ahead)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | Any request for the check to be held before deposit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | Was the check tendered by the check writer in person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | Was the check tendered by a person other than the check writer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) | Was the check sent by mail? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | Did check writer sign an order or contract for which the mailed check was payment?
(If yes attach copy) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | Was a certified letter mailed to check writer? (If yes , attach copy of letter and postal receipt or undelivered letter in envelope showing attempted delivery) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | Did the person who accepted the check identify check writer?
(i.e. writing license no. on check, etc.) - ATTACH AFFIDAVIT | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | Did the person accepting the check initial the check? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | Was a photograph made of check writer when check received? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Complainant

Printed/Typed Name of Business and Name of Complainant

Phone Numbers

Complete Address **City/State/ZIP CODE**

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn, deposes and says that the above stated is true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 200__.

My Commission Expires:

Notary Public

(Print, type or stamp commissioned name of Notary Public)

Personally Known ____ or Produced Identification ____
Type of Identification Produced _____

STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK WITNESS LIST
(Please type or print legibly)

PERSON WHO ACCEPTED THE CHECK

Name _____
Address (including city, state, zip) _____

Home Phone (____) _____ Business Phone (____) _____
DOB _____ Occupation _____
Able to Testify?* Yes () No ()

CUSTODIAN OF THE RECORDS (IF THE VICTIM IS A BUSINESS)

Name _____
Address (including city, state, zip) _____

Home Phone (____) _____ Business Phone (____) _____
DOB _____ Occupation _____
Able to Testify?* Yes () No ()

OTHER WITNESSES

Name _____
Address (including city, state, zip) _____

Home Phone (____) _____ Business Phone (____) _____
DOB _____ Occupation _____
Able to Testify?* Yes () No ()

Name _____
Address (including city, state, zip) _____

Home Phone (____) _____ Business Phone (____) _____
DOB _____ Occupation _____
Able to Testify?* Yes () No ()

Name _____
Address (including city, state, zip) _____

Home Phone (____) _____ Business Phone (____) _____
DOB _____ Occupation _____
Able to Testify?* Yes () No ()

****Able to testify? - This means by referring to records, notes, and other documents, including the check. YOU ARE NOT EXPECTED TO REMEMBER THE CHECKWRITER UNLESS PERSONALLY KNOWN TO YOU.***

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING DRIVER'S LICENSE/ID CARD

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located
at (street address) _____ in (city) _____ on (date) _____
and on that date I did accept check # _____ from a person who identified himself/herself as
_____. I verified the identification of the person presenting said
check to me by comparing the photograph on a then current Driver's License/ID Card in the name
of _____ to the person presenting the license and
presenting said check and was satisfied that the photograph on the driver's license matched the
person presenting the check. Check writer did not make any statement indicating that there were
insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and
the check was not postdated. **Furthermore, I read the license and copied the license number
onto the check.**

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn, deposes
and says that the above stated is true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____
(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR CHECK RECEIVED FROM CLIENT/PATIENT

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ on (date) _____ and on that date I did accept/receive check # _____ from a person known as _____. The signature of this person **ALONG WITH THE PERSONAL IDENTIFIERS** was obtained from a _____ (type of document). I further certify the signature of subject check and the signature on the attached document appear to be the same person known to me as _____. I further certify that the check writer did not make any statement indicating that there were insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and the check was not postdated.

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

NOTE: Copies of the document(s) from which this information was taken MUST BE ATTACHED TO THIS FORM.

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn, deposes and says that the above stated is true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____
(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON KNOWN BY EMPLOYER/EMPLOYEE

I, _____, was employed by _____ located
at (street address) _____ on (date) _____ and on that date
I did accept check # _____ from a person known as _____.
I did not verify identification of the person presenting said check since this person was known to
me as an employee/employer. I also affirm I will be able to ID check writer in a photo line up
should such ID be required. I further certify that the check writer did not make any statement
indicating that there were insufficient funds on deposit to cover the check or ask for the check to
be held before deposit, and the check was not postdated.

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn,
deposes and says that the above stated is true and correct to the best of his/her knowledge and
belief.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

Notary Public

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON KNOWN TO VICTIM

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____ have personally known
_____ for _____ (yrs, mos) and know him/her to be the
person presenting check # _____, dated _____ and presented to me on
_____, 20_____. I also affirm I will be able to identify said
_____ in a photo lineup should such identification be required.
I further certify that the check writer did not make any statement indicating that there were
insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and
the check was not postdated.

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn,
deposes and says that the above stated is true and correct to the best of his/her knowledge and
belief.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____

Notary Public

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING LEASE/RENTAL APPLICATION OR AGREEMENT

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____ was the owner/manager of property located at _____ on
(date) _____, and on that date did accept check # _____ from a
person identified as _____. Personal information was
obtained from lease/rental agreement (**attached**). I am satisfied that the person
presenting the check and the person who signed the lease/rental agreement are the same
person.

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn,
deposes and says that the above stated is true and correct to the best of his/her knowledge and
belief.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20 ____.

Notary Public

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

AFFIDAVIT OF LETTER SENT
U.S. REGULAR MAIL

I, _____, employed by _____, hereby
certify that a true and correct copy of the attached letter was sent via U.S. Regular mail
to: _____. The letter was sent on _____,
20____, to the last known address of the check writer to provide the check writer notice of the
dishonored of check(s).

AFFIANT

Date

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn,
deposes and says that the above stated is true and correct to the best of his/her knowledge and
belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING MEMBERSHIP CARD

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at
(street address) _____ in (city) _____ on (date) ____
_____ and on that date I did accept check # _____ from a person who identified himself/herself as ____
_____ and who presented a membership card issued by
(company name) _____ bearing # _____. The check writer did not
make any statement indicating that no funds were on deposit to cover the check or ask for the check to be
held before deposit and the check was not postdated. I verified the identification by comparing the
photograph on the membership card to the person presenting said check to me. Furthermore, I read the
membership card, scanned the membership card number on said check, and my cashier number was
scanned on the back of the check.

**NOTE: MUST ATTACH COPY OF MEMBERSHIP
APPLICATION HAVING IDENTIFICATION**

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn,
deposes and says that the above stated is true and correct to the best of his/her knowledge and
belief.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____

Notary Public

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON TAKING PHOTO OF PERSON SIGNING CHECK

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located
at (street address) _____ in (city) _____ on (date) _____
and on that date I did accept check # _____ from a person who identified himself/herself as
_____. I verified the identification of the person presenting said
check to me by comparing the photograph on a then current Driver's License/ID Card in the name
of _____ to the person presenting the license and
presenting said check and was satisfied that the photograph on the driver's license matched the
person presenting the check. Check writer did not make any statement indicating that there were
insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and
the check was not postdated. **Furthermore, I took a photograph of the person named above
along with the check and driver's license.**

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn, deposes
and says that the above stated is true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____
(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING PRE-PRINTED DRIVER'S LICENSE NUMBER/ID CARD

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ in (city) _____ on (date) _____ and on that date I did accept check # _____ from a person who identified himself/herself as _____. I verified the identification of the person presenting said check to me by comparing the photograph on a then current Driver's License/ID Card in the name of _____ to the person presenting the license and presenting said check and was satisfied that the photograph on the driver's license matched the person presenting the check. Check writer did not make any statement indicating that there were insufficient funds on deposit to cover the check or ask for the check to be held before deposit, and the check was not postdated. **Furthermore, I read the license and compared it to the number printed on the back of the check by the register, then I placed my initials next to the D L number.**

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn, deposes and says that the above stated is true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____
(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR CHECK RECEIVED BY MAIL

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at (street address) _____ on _____ and on that date I did accept/receive by mail check # _____ from a person known as _____. The signature and identifiers of this person was obtained from an original contract, invoice, order or request for services that the check is to pay for and signed by the person who signed the check. I further certify that I have provided a copy of the personal information of the check writer which is kept on file. **NOTE: Must attach document on which signature and identifiers appear.**

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn, deposes and says that the above stated is true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20__.

Notary Public

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

**STATE ATTORNEY'S OFFICE, 5TH JUDICIAL CIRCUIT
WORTHLESS CHECK IDENTIFICATION AFFIDAVIT**

FOR PERSON USING WORK ORDER/SERVICE AGREEMENT

****Note: Strike out and/or interlineate any inapplicable portion of affidavit and initial change****

I, _____, was employed by _____ located at
(street address) _____ on (date) _____ and on that date I did
accept/receive by mail check # _____ from a person known as _____
_____. Identification of this person was obtained from Work Order/Service Agreement dated
_____.

**NOTE: MUST ATTACH COPY OF WORK ORDER
OR SERVICE AGREEMENT**

AFFIANT (Signature)

AFFIANT (Printed Name)

DATE

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ who first being duly sworn,
deposes and says that the above stated is true and correct to the best of his/her knowledge and
belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____

Notary Public

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____