



**ORLANDO POLICE  
DEPARTMENT  
Economic Crime  
Unit**

Official Use Only

Case Number:

**WORTHLESS CHECK AFFIDAVIT**

*Please type or print legibly*

Full name of check writer: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bus. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph (\_\_\_\_) \_\_\_\_\_ Bus. Ph. (\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

I received check # \_\_\_\_\_ for \$ \_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_ at  
\_\_\_\_\_ in Orange County, FL dated \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Address where received)

made payable to \_\_\_\_\_ and drawn on the account  
of \_\_\_\_\_, account # \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ Bank for: Payment on Account/Debt  Rent  Wages  Cash   
Merchandise  or Services  (explain) \_\_\_\_\_

and was returned for the following reason: Non-Sufficient funds  Account Closed   
No Account  Stop Payment  Uncollected funds  Refer to Maker

- 1 Was the date written on the check for a date after the day the check was delivered? (Postdated)----- Yes- No-
- 2 Were you asked to hold or delay deposit or did you have reason to believe there were no funds? ----- Yes- No-
3. Have you received a bad check from this person before? If yes, how many times? \_\_\_\_\_ ----- Yes- No-
4. Did you deliver property (merchandise) when the check was delivered to you? ----- Yes- No-
5. If the check was for services, were the services given after the check was delivered? ----- Yes- No-
6. Did check writer deliver the check personally? If no, and not received by mail, give the name  
and address of person who delivered the check on the back of this form. ----- Yes- No-
7. Was the check sent by mail? ----- Yes- No-
8. Did check writer sign an order or contract for which the mailed check was payment? If yes attach. ----- Yes- No-
- 9 Did you see the check writer write or sign the check? ----- Yes- No-
- 10 Did you initial the check when accepting the check? ----- Yes- No-
11. Can you identify the check writer from memory? ----- Yes- No-
- 12 Was the driver's license #, state ID #, or check-cashing card # recorded on the check when it was  
received? Attach copy of any check-cashing card, and if a copy was made, copy of the DL or ID. ----- Yes- No-
- 13 Did you determine that the photo on the DL or ID was the same person who signed the check? ----- Yes- No-
14. Were all 8 points of ID from FSS 832.07 (2) (b) (2) recorded on the check when it was received? ----- Yes- No-
15. Is there another way of proving who wrote the check? If yes, describe in an attached statement. ----- Yes- No-
16. Was a certified letter mailed to the check writer? ----- Yes- No-  
If yes, attach a copy of the letter, green postcard Form 3811. If returned, attach the envelope and letter.
17. Do you have proof that the check writer was engaged in a scheme to defraud beyond the fact that  
there were insufficient funds in the account or that the account was closed? ----- Yes- No-  
If yes, attach a sworn notarized statement explaining this proof in detail.
18. I will testify in court and prosecute criminally. ----- Yes- No-

**PERSON WHO ACCEPTED THIS CHECK:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Bus. Ph.: (\_\_\_\_) \_\_\_\_\_  
Bus.Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph.: (\_\_\_\_) \_\_\_\_\_  
Name of Relative: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NAME OF VICTIM:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Bus. Ph.: (\_\_\_\_) \_\_\_\_\_  
Bus.Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

**NAME OF OTHER WITNESS:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Bus. Ph.: (\_\_\_\_) \_\_\_\_\_  
Bus.Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

**Name of the CUSTODIAN OF BUSINESS RECORDS if someone other than the person who received the check**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_  
Bus.Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I DO SOLEMNLY SWEAR** or affirm that a person giving the above identifying information did draw, make, utter, issued or deliver **TO ME** a worthless check, the original of which is submitted with this affidavit, and that the other statements herein are true and correct.

\_\_\_\_\_  
Signature of the person who received the check

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

<NOTARY'S STAMP

Personally Known  or Produced Identification  Type of Identification Produced \_\_\_\_\_