



# BAD CHECK COMPLAINT FORM

## FIFTEENTH JUDICIAL CIRCUIT—PALM BEACH COUNTY

### DAVE ARONBERG, STATE ATTORNEY

11/09/2023

Victim Services, Inc. Mail Processing  
**Bad Check Program Address:**  
**P.O. Box 3026**  
**Mission Viejo, CA 92690-1026**

**Bad Check Program Contact:**  
 (855) 208-1309 - Victim Services Hotline  
 (855) 252-9820 - Check Writer Hotline  
 (Please refer check writer to the "check writer" hotline)

For more information: [checkprogram.com/15thjudicialfl](http://checkprogram.com/15thjudicialfl)

### Step 1

Confirm  
Eligibility

The following types of checks are ineligible for the program:

- \*Two-party checks
- \*Partially re-paid checks
- \*Fraudulent or stamped lost/stolen/forged
- \*Payroll or credit card checks
- \*Post/pre dated or altered or you agreed to hold before depositing checks
- \*Checks passed outside of Palm Beach County
- \*Checks that are repayment of loan or civil contract agreement

### Step 2

Victim  
Information

Victim/Merchant Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Victim Contact Information: Email: \_\_\_\_\_  
 (Required) Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 • Email and/or fax are required for acknowledgement receipt of check and/or Program communication  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Step 3

Check  
Writer  
Information

Check Writer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_ Weight: \_\_\_\_\_  
 Hair: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_ M \_\_\_\_ F Age: \_\_\_\_\_

A "Statutory Notice" must be sent to recover the bad check(s) in question to the check writer via U.S. Certified Mail or by First Class Mail with an Affidavit of Mailing. The check writer has 15 days to respond and remit payment. If no attempt has been made, the check is not eligible for prosecution. (See sample statutory notice on back.)

### Step 4

Check  
Information

Ck. No.	Date Passed	\$ Amount	Name of person accepting check (if no longer employed please list manager)	What was Check For?	Can person ID check writer?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address where check was accepted (if different than above in Step 2): \_\_\_\_\_ (Required)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Step 5

Affidavit of  
Mailing  
&  
Victim  
Verification

Must Be  
Notarized

#### AFFIDAVIT OF MAILING

I, \_\_\_\_\_ do hereby swear or affirm that I sent the statutorily required notice to check writer, \_\_\_\_\_  
 at \_\_\_\_\_, the address on check or given at issuance. The notice was mailed, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by first-class United States Mail.

**I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.**

X \_\_\_\_\_  
 Signature of Person Filing (Required) Print Name of Person Filing Date Filed

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public \_\_\_\_\_ Seal \_\_\_\_\_

Staple original or bank-generated substitute check here

**SAMPLE LETTER MUST BE SENT TO CHECK WRITER. SEND BY CERTIFIED MAIL OR COMPLETE AFFIDAVIT OF MAIL OF WORTHLESS CHECK BY FIRST CLASS MAIL AND HAVE NOTARIZED.**

**WORTHLESS CHECK FLORIDA STATUTES 832.07**

Date \_\_\_\_\_

Dear \_\_\_\_\_ (check writer):

You are hereby notified that check numbered \_\_\_\_\_ in the face amount of \$ \_\_\_\_\_, issued by you on \_\_\_\_\_ drawn upon \_\_\_\_\_ bank, and payable to \_\_\_\_\_, has been dishonored. Pursuant to Florida Law, you have **15 days from the date of this notice to tender payment** of the full amount of such check, plus a service charge of \$25, if the face value does not exceed \$50; \$30, if the face value exceeds \$50 but does not exceed \$300; \$40, if the face value exceeds \$300 or an amount of up to 5% OF THE FACE AMOUNT OF THE CHECK, WHICHEVER IS GREATER. The total amount due being: \_\_\_\_\_ Dollars and \_\_\_\_\_ cents.

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 review. You may be additionally liable in a civil action for triple the amount of the check, but in no case less than \$50, together with the amount of the check, a service charge, court costs, reasonable attorney fees, and incurred bank fees, as provided in s 68.065.

Person/Firm \_\_\_\_\_  
Giving notice \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

**AFFIDAVIT OF MAILING OF WORTHLESS CHECK  
BY FIRST CLASS MAIL  
STATE OF FLORIDA**

PALM BEACH COUNTY,

I, (affiant) \_\_\_\_\_, a representative of (receiver/victim), \_\_\_\_\_ located at (address) \_\_\_\_\_ in \_\_\_\_\_, Florida, \_\_\_\_\_, do hereby swear or affirm, under penalty of perjury, that notice was mailed to (issuer's name), \_\_\_\_\_, at the address of \_\_\_\_\_, ( ) the address printed on the check, or, ( ) given at the time of issuance, by first class U.S. mail, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Notice was given pursuant to Florida Statute 832.07(1), said notice being attached to this affidavit.

\_\_\_\_\_  
Signature of Affiant

NOTARY PUBLIC  
STATE OF FLORIDA

The above affidavit of notice was sworn to and signed by the above affiant in my presence by a person ( ) personally know to me, or ( ) identified by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Bad Check Program Information**

As a victim of a bad check you may file this form with the Fifteenth Judicial Circuit—Palm Beach County State Attorney Bad Check Restitution Program, provided there is sufficient information, and that the check meets all eligibility guidelines. The Fifteenth Judicial Circuit—Palm Beach County State Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that the Bad Check Restitution Program can make no recovery guarantees. By submitting the check to the program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Restitution Program. "Restitution" refers to the face value of all checks listed on this report.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment,
- A check issued by someone not competent or of legal age,
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check,
- A check issued to pay an obligation arising from an illegal transaction.

**What to do after my complaint is filed with the Program**

- Please **do not** accept direct payments from check writers. Should the check writer contact you to make payment, refer them to the Check Writer Hotline at (855) 252-9820.
- You may contact Victim Services for case updates at (855) 208-1309 anytime.
- Please allow a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not "eligible" for prosecution, you may request the check(s) be returned to pursue a civil remedy.

**Filing Instructions**

1. Complete all sections of the Complaint Form.
2. Attach original or legal copy of all checks (including front and backs of checks) and all supporting documentation such as: certified mail or undelivered letter, entire envelope returned with green card attached or Affidavit of Mail of Worthless Check by First Class Mail; copy of contract and copy of "Statutory Notice" mailed to check writer, receipts or invoices.
3. Mail Bad Check Complaint Form and all other correspondence to:  
Victim Services, Inc. Mail Processing  
Fifteenth Judicial Circuit—Palm Beach County Bad Check Restitution Program  
**P.O. Box 3026, Mission Viejo, CA 92690-1026**
4. Once a complaint has been filed: ALL restitution payments must be coordinated by the State Attorney's Office Bad Check Restitution Program. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (855) 252-9820.  
**DO NOT ACCEPT PAYMENT DIRECTLY FROM CHECK WRITER.**