



7234067
10-02-2015

BAD CHECK COMPLAINT FORM

FIFTEENTH JUDICIAL CIRCUIT—PALM BEACH COUNTY

OFFICE OF THE STATE ATTORNEY

9/18/2012

Bad Check Program Address:
P.O. Box 3855
West Palm Beach, FL 33402-3855

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

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 checks
- *Checks you agreed to hold before depositing
- *Checks passed outside of Palm Beach County
- *Checks which are repayment of loan or civil contract agreement

Step 2
Victim Information

Victim/Merchant Name: Costco Wholesale
 Contact Name: Jessette Rodriguez Title: Unit Clerk
 Victim Contact Information: Email: W345VT@COSTCO.COM
 (Required) Phone: (561) 991-5004 Fax: (561) 991-5021
 * Email and/or fax are required for acknowledgement receipt of check and/or Program communication
 Address: 17800 Golden Express Ave City: Boca Raton State: FL Zip Code: 33489

Step 3
Check Writer Information

Check Writer's Name: Barry Belmes
 Address: 135 Kristen Ct. Apt. 703 City: Palm Harbor State: FL Zip Code: 34584
 Home Phone: (631) 553-3522 Other Phone: ()
 Driver's License #: B-452077630540 State: FL Date of Birth: 2/14/63 Expiration Date: 1/1/
 Social Security Number: _____ Height: _____ Weight: 160 or so
 Hair: Gray Eye Color: Green Race: White Gender: M F Age: 52

A "Statutory Notice" must be sent to recover the bad check(s) in question to the check writer via U.S. Certified Mail. 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 <small>(if no longer employed please list manager)</small>	What was Check For?	Can person ID check writer?
<u>169</u>	<u>7/9/15</u>	<u>340.99</u>	<u>Den Witherspoon</u>	<u>I Robot</u>	<input checked="" 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

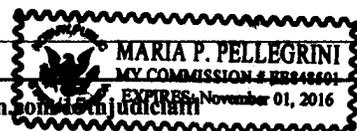
I, Jessette Rodriguez do hereby swear or affirm that I sent the statutorily required notice to check writer, Barry Belmes at 5696 Golden Express the address on check or given at issuance. The notice was mailed, on the 2 day of Sept, 2015, by first-class United States Mail.

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) Jessette Rodriguez Print Name of Person Filing 9/22/15 Date Filed

Sworn and subscribed before me this 22nd day of September 2015

Notary Public Maria P. Pellegrini Seal _____





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50296CF003572AXX
9/18/2012

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- *Checks passed outside of Palm Beach County
- *Checks which are repayment of loan or civil contract agreement

Step 2
Victim Information

Victim/Merchant Name: Costco #93

Contact Name: Marylou Sikorski Title: Administration

Victim Contact Information: (Required) Email: _____

Phone: 561, 976-3052 Fax: 561, 694-2939

Email and/or fax are required for acknowledgement receipt of check and/or Program communication

Address: 3250 Northlake Blvd. City: Lake Park State: Fla Zip Code: 33403

Step 3
Check Writer Information

Check Writer's Name: Barry S. Bilmes

Address: 5695 Golden Eagle Cir. City: Palm Beach Gardens State: FL Zip Code: 33418-1504

Home Phone: 631, 553-3522 Other Phone: 561, 906-6248

Driver's License #: B452077630540 State: FL Date of Birth: 2/14/63 Expiration Date: 12/1/11

Social Security Number: _____ Height: 5'10" Weight: 190

Hair: White Eye Color: Brown Race: White Gender: M F Age: 52

A "Statutory Notice" must be sent to recover the bad check(s) in question to the check writer via U.S. Certified Mail. 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 <small>(if no longer employed please list manager)</small>	What was Check For?	Can person ID check writer?
<u>173</u>	<u>7/15/15</u>	<u>14.73</u>	<u>Joe Batchelor</u>	<u>Liquor</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>174</u>	<u>7/15/15</u>	<u>243.79</u>	<u>Debbie Robertson</u>	<u>Jewelry</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>175</u>	<u>7/15/15</u>	<u>247.99</u>	<u>Evanie Alerte</u>	<u>Camcorder</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>168</u>	<u>7/8/15</u>	<u>14.73</u>	<u>Mary Anne Sullivan</u>	<u>Liquor</u>	<input type="checkbox"/> Yes <input checked="" 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, Marylou Sikorski do hereby swear or affirm that I sent the statutorily required notice to check writer, Barry S. Bilmes at 5695 Golden Eagle Cir, Palm Beach Gardens, Fla. the address on check or given at issuance. The notice was mailed, on the 30th day of July, 20 15, 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 Marylou Sikorski _____ Marylou Sikorski _____ 9/4/15
Signature of Person Filing (Required) Print Name of Person Filing Date Filed

Sworn and subscribed before me this 4th day of September, 2015

Notary Public Margaret H. Parkinson Seal

MARGARET H. PARKINSON
MY COMMISSION # EE 880012
EXPIRES: April 21, 2017
Bonded Thru Notary Public Underwriter

Staple original or bank-generated substitute check here



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Check Writer Information

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 Home Phone: (631) 553-3522 Other Phone: 561, 906, 6248
 Driver's License #: B452077630540 State: FL Date of Birth: 2, 14, 63 Expiration Date: _____
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<u>167</u>	<u>7/8/15</u>	<u>93.21</u>	<u>Debbie Robertson</u>	<u>goods</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>170</u>	<u>7/9/15</u>	<u>296.79</u>	<u>Ben Coromina</u>	<u>Jewelry</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>171</u>	<u>7/10/15</u>	<u>339.19</u>	<u>Debbie Robertson</u>	<u>Jewelry</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Step 5
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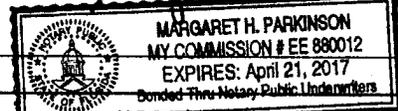
I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Marylou Sikovski Signature of Person Filing (Required) Marylou Sikovski Print Name of Person Filing 9/4/15 Date Filed

Sworn and subscribed before me this _____ day of September, 20 15

Notary Public

Margaret H. Parkinson
Seal



Staple original or bank-generated substitute check here