



BAD CHECK COMPLAINT FORM
FIFTEENTH JUDICIAL CIRCUIT—PALM BEACH COUNTY
DAVE ARONBERG, STATE ATTORNEY

01/04/2017

78305001-78305025

04-28-2017
 03-15-2017

Victim Services, Inc. Mail Processing
 Bad Check Program Address:
 P.O. Box 350160
 Miami, FL 33135-0160

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 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: Edmund James Salon
 Contact Name: Lillian Soriero Title: V.P.
 Victim Contact Information: Email: info@edmundjamesalon.net
 (Required) Phone: (561) 420-2611 Fax: (561) 284-4829
 • Email and/or fax are required for acknowledgement receipt of check and/or Program communication
 Address: 2401 PGA Blvd., #185 City: Palm Beach Gdns State: FL Zip Code: 3344

Step 3 Check Writer Information

Check Writer's Name: Natalie Sodomini
 Address: P.O. BOX 18085 City: North Palm Bch State: FL Zip Code: 33128
 Home Phone: (561) 325-3303 Other Phone: ()
 Driver's License #: S355-625-77-610-0 State: FL Date of Birth: / / Expiration Date: / /
 Social Security Number: _____ Height: 5' 5" Weight: 170
 Hair: Blonde Eye Color: Blue Race: W Gender: M F Age: 45-50

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?
5749	1-31-17	\$ 172	Raelynn Romero	Hair Sealer	<input type="checkbox"/> Yes <input type="checkbox"/> No
5756	2-2-17	\$ 175	Raelynn Romero	Hair Serum	<input checked="" 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) (Above address) (Required)
 City: _____ State: _____ Zip Code: _____

Step 5 Affidavit of Mailing & Victim Verification

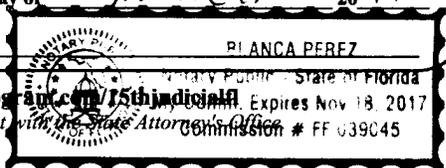
AFFIDAVIT OF MAILING

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. * Not applicable due to closed account

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 Lillian Soriero Lillian Soriero 3-1-17
 Signature of Person Filing (Required) Print Name of Person Filing Date Filed

Sworn and subscribed before me this 3RD day of MARCH 20 17
 Notary Public Blanca Perez Seal



Additional bad check complaint forms are available at: www.checkprogram.com/15thjudicialfl Expires Nov 18, 2017
 This Program is administered by Victim Services, Inc., a private entity under contract with the State Attorney Commission # FF 039045

Staple original or bank-generated substitute check here

