

PROCEDURE FOR HANDLING BAD CHECK CASES

1. When you receive a bad check you must first determine if it is
 - a) **Non-Sufficient Funds** – If so make sure you have sent the check through twice.
 - b) **Account Closed** – If check is bad because the account is closed.

2. Once you have determined this, you will need to print off the **Bad Check Information Sheet** below, fill it out and bring the *Information Sheet* along with the *Original Check* to the Sheriff's Department. THE ORIGINAL WILL BE RETAINED AS EVIDENCE.

NOTE: If it is one check under \$10.00 the S/A will not prosecute. However, if it is multiple checks they will

BAD CHECK INFORMATION SHEET

Each blank in this form must be completed. If the answer is unknown or not applicable write "UNKNOWN" or "NONE." Use one form for each check. Please attach a copy of the check to this information sheet.

Was check presented in payment of a past debt? _____. If yes. Do not fill out the rest of this form.

I

COMPLAINANT INFORMATION:

To whom was the check made out? _____

Address: _____

Phone: _____

If a Business, which:

_____ Sole Proprietorship

_____ Partnership

_____ Corporation

Complete legal business name and address: _____

Names of all partners. (Legal names or owners in business)

Names: _____

Address: _____

Phone: _____

SUSPECT INFORMATION

Name: _____

Address: _____

Phone: _____

II

Person accepting check from suspect:

Name: _____

Address: _____

Phone: _____

Can this person **POSITIVELY IDENTIFY** the suspect? _____

Can anyone else **POSITIVELY IDENTIFY** the suspect? _____

If yes, list person's Name, Address, and Phone Number:

Is the identifying person a current or former employee of the business? _____

Was the suspect under the influence of alcohol, drugs or any other way incapacitated?

_____ If so, please describe: _____

III

Date check was taken: _____

State specifically as possible what the suspect received for the check (including cash):

Was the suspect known to you (or the business) before this incident? _____

If so, have prior checks been taken? _____; How many _____. Did suspect

request that the check be held or not be cashed immediately? _____. If so, why?

List the identification required of the suspect: _____

Description of suspect: SEX _____ AGE _____ HEIGHT _____

WEIGHT _____ BUILD _____ NATIONALITY _____ COLOR _____

HAIR _____ EYES _____ COMPLEXION _____

Any other identifying features: _____

Did the suspect write the check and/or endorse it in your presence? _____

If not, in whose presence? _____

Address: _____

Phone: _____

Name and Address of any other witnesses: _____

IV

Date of each check: _____

Amount(s): _____

Bank check drawn: _____

Reason for nonpayment of check by bank:

_____ NSF (Non-sufficient funds)

_____ No account: _____ Date is was closed: _____

_____ Other _____

Date check first presented to bank: _____

How many times has check been presented? _____

V

What efforts have been made to collect on this check? (Attach copies of correspondence): _____

Has any personal contact been made with suspect? _____

If so, did suspect agree to pay for the check? _____

If so, what arrangements did suspect attempt to make to pay? _____

If suspect admitted the check was his/hers whom did he/she admit it to?

Was the admission made by telephone or in person? _____

Were any violations of the business check cashing policies involved in this transaction?

_____ If so, explain: _____

THIS CHECK IS BEING PRESENTED FOR CRIMINAL PROSECUTION. YOU MUST COOPERATE IN THE PRESECUTING. IF PAYMENT IS OFFERED WITHIN THIRTY DAYS PLEASE ACCEPT PAYEMNT AND NO FURTHER ACTION IS NEEDED ONYOUR PART. IF NO PAYMENT OR AGREEMENT OF PAY IS MADE WITHIN THIRTY DAYS RETURN TO THIS OFFICE WITHIN FIFTEEN DAYS WITH THE PERSON WHO ACCEPTED THE CHECK.

I certify the above stated facts to be true to the best of my knowledge. These records will be kept a maximum of 35 days. If no notice from you is received prior to this time period then all records will be destroyed.

DATE

SIGNATUR OF APPLICANT OR AGENT

ADDRESS

PHONE

EMPLOYMENT TITLE

I, _____ do hereby acknowledge that I can identify the above suspect

Signature