

**Worthless Check Packet**

MERCHANT’S DUTY TO ATTEMPT COLLECTION

1. Make attempts to collect. Document the attempts on the Worthless Check Questionnaire Form; include dates and results.
2. Complete the 5-Day Notice of Dishonor form and make two copies. Mail a copy to the check writer and keep a copy for your records. This letter should be delivered by regular mail.

SUBMIT TO LAW ENFORCEMENT

1. Completed Worthless Check Questionnaire Form
2. A copy of the 5-day Notice of Dishonor mailed to the check writer.
3. Receipt from the post office.
4. The original check or a copy of the check.

ACCEPTING PAYMENT ON CHECKS

If the complainant accepts full payment on a check prior to issuance of a criminal complaint, the complainant MUST NOTIFY THE POLICE DEPARTMENT at 920-397-9905.

WORTHLESS CHECK QUESTIONNAIRE FORM

# PERSON WHO WROTE THE WORTHLESS CHECK/S:

Name & Address: Driver’s License #/Date of Birth: Physical Description: Eyes \_ Hair \_\_\_\_ Hgt. \_\_\_ Wgt. \_\_\_ Other: Did check writer appear drunk or incapacitated: Yes No

Did you/someone else contact the check writer: Did he/she admit/deny writing the check/s? Yes No - What was said, to whom and when?

# CHECK INFORMATION:

Check/s #: Date/s: Amount/s: $: Reason Check was Returned: NSF Account Closed Other Bank/Credit Union: Where written: City/Town/Village of What was received for this check (cash, gas, groceries, merchandise, etc.) Was check for previous purchases (open account, past debts, loans) Yes No

Was check post-dated? Yes No

Was check held for any amount of time before cashing it? Yes No

Has a partial payment been made? Yes No – If so, amount $

# COMPLAINANT:

Business: Address: Business Phone #: Owner/Manager: Home/Cell #: e-mail address:

# PERSON ACCEPTING CHECK:

Name: Address: Can you identify the person who cashed the check? Yes No

Did you place your initials on the check? Yes No Did you know the check-writer? Yes No

Is there video available of the check writer? Yes No If yes, please provide the video.

Was anyone else with you when this person wrote the check? If so, whom (name, address, phone #):

# CHECK ONE:

I know that as a victim of a crime I have numerous rights, but I am waiving those rights and requesting that no notices be sent to me. Just collect the restitution.

I want to be notified of all my rights and get notice of all hearings and proceedings, etc. in addition to collecting restitution.

It is understood and agreed that the check hereto attached is being presented for forfeiture/criminal action to the District Attorney and not for civil collection. Accordingly the undersigned, its agent/employee will cooperate in prosecution of the crime and will notify the District Attorney’s Office of any payment received. The above facts are hereby certified as being true by the undersigned:

BY: Date: Owner/Manager/Office Clerk

5-DAY NOTICE OF DISHONOR

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are hereby notified that the check shown below has not been paid or honored by the bank.

(CHECK IMAGE HERE )

The amount of the check, check number, bank charges, and miscellaneous charges are as follows:

Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The entire amount listed above must be paid in cash, cashier's check, or money order and delivered to.

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

lf you fail, within 5-days after receiving this notice, to pay the amount of the check and additional charges, this matter will be turned over to the **Jefferson County District Attorney’s Office.**

lssuing Worthless Checks is a violation of Wisconsin Statute Section 943.24(1) - a Class A

Misdemeanor with maximum penalties of a $10,000 fine and 9-months in jail.

Checks issued over $2,500 is a violation of Wisconsin Statute Section 943.24(2) - a Felony.