

## BAD CHECK CHECKLIST

The transaction must have taken place in the First Circuit Court District of Mississippi which is comprised of: Alcorn, Prentiss, Tishomingo, Lee, Pontotoc, Monroe and Itawamba Counties.

If at all possible, please send us your Complaint within 60 days of the check date. Checks more than 6 months old are very difficult to investigate.

All bad checks must be stamped either:

- Insufficient Funds OR
- Closed Account

The check writer must be 18 years old or older if the check is under \$100.00 (17 years old or older if the check is \$100.00 or more) on or before the check date. We will be using the adult criminal process to handle your check. A juvenile would have his case handled in Youth Court, in which this office has no jurisdiction.

### **SORRY, BUT THIS OFFICE CANNOT / DOES NOT HANDLE:**

- Stop Payment Checks
- Uncollected Funds Checks
- Refer to Maker Checks
- No Such Account Checks
- Postdated Checks and/or Hold Checks
- Two Party Checks
- Forgeries (all forgeries should be forwarded to your local law enforcement agency for processing as a felony crime)
- Checks for payments on a pre-existing debt, loan, contract or lease agreement (The check must be for merchandise or services rendered in exchange for the check)

No warrants may be issued on checks that have had partial payments made to the merchant. This amounts to an extension of credit, thereby converting the matter from a crime to a civil dispute.

### **Please be sure to send to us:**

- The original bad check (**with NSF or Closed Account notation**)
- the completed Bad check Complaint form (as much info as possible!)
- Affidavit signed and notarized
- completed Complaint
- copy of Statutory Notice to Maker and Affidavit of Mailing (NSF only)

## Insufficient Funds Checks

The person who wrote you a bad check must be given fifteen (15) days to make the check good. We have included an approved fifteen day notice form titled STATUTORY NOTICE TO MAKER that you may copy and use. This applies to Insufficient Funds Checks only. If the check is written on a Close Account, you may send the check to us without the Statutory Notice to Maker. However, if the check is stamped "Insufficient Funds", you must send the Statutory Notice to Maker letter and allow the check writer fifteen (15) days to pick up and pay the check.

The letter must be sent to the exact address as given on the check by its maker.

If your STATUTORY NOTICE TO MAKER letter is returned undelivered, no waiting period is required. You may file your Complaint with our Bad Check Unit immediately.

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When we get your Complaint with its documentation, our Bad Check Unit will evaluate the Complaint to be sure we can handle it. We do handle most bad checks, however if we cannot we will let you know.

We cannot stress how important it is to obtain all the required information when accepting checks. This information will be valuable in finding and obtaining restitution from your bad check writers.

**Vital Information** you and your employees should collect on EVERY check accepted:

- The driver's license and/or social security number of the check writer (ask to see the driver's license!)
- The date of birth, sex, race of the check writer
- If the address on the check is a post office box, you must include the street address (this is so we can arrest him/her if a warrant is issued) NOTE: if the address on the DL is different from that on the check, please include both.

ONCE CHARGES ARE FILED WITH OUR BAD CHECK UNIT, THEY MAY NOT BE DISMISSED UNLESS APPROVED BY THE DISTRICT ATTORNEY. MISSISSIPPI LAW REQUIRES THAT THE BUSINESS OR INDIVIDUAL WITH-DRAWING A COMPLAINT PAY A \$30.00 SERVICE CHARGE. THIS IS NOT AN OFFICE POLICY, BUT IS REQUIRED BY LAW.

Note: The merchant or individual who receives a bad check may still pursue conventional criminal prosecution if for any reason he/she feels it is more appropriate in a given case. If you choose to prosecute criminally, see your local law enforcement agency.

JOHN WEDDLE, DISTRICT ATTORNEY  
FIRST JUDICIAL COURT DISTRICT  
STATE OF MISSISSIPPI  
BAD CHECK UNIT

**COMPLAINT ON BAD CHECK**

CHECK WRITER'S NAME: \_\_\_\_\_

CHECK WRITER'S ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

SSN: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

WORK TEL #: \_\_\_\_\_ HOME / CELL TEL #: \_\_\_\_\_

NAME OF PERSON WHO ACCEPTED CHECK: \_\_\_\_\_

CAN THEY IDENTIFY THE CHECK WRITER? ( ) YES ( ) NO

COUNTY IN WHICH CHECK WAS TAKEN \_\_\_\_\_

HAVE RECEIVED PARTIAL PAYMENT ON THIS CHECK? ( ) YES ( ) NO

THE CHECK WAS GIVEN FOR ( ) MERCHANDISE ( ) CASH ( ) OTHER \_\_\_\_\_

Was the check given to pay on an account, loan or other debt? ( ) YES ( ) NO

All bad checks must be stamped either:  Insufficient Funds OR  Closed Account

Check # \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_ Date Check was presented: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

attach green card and/or returned letter, copy of statutory Notice to Maker, Affidavit & Complaint

(staple ORIGINAL return check here)

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

AFFIDAVIT

THIS DAY personally appeared before me, the undersigned authority in and for the County and State aforesaid, (AFFIANT) \_\_\_\_\_ who, having been duly sworn, upon information and belief makes oath that he/she has probable cause to believe that in said County and State, on or about the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that \_\_\_\_\_ (check writer) did with fraudulent intent, make draw, utter, or deliver a check in the amount of \$ \_\_\_\_\_, payable to \_\_\_\_\_, drawn on (Bank) \_\_\_\_\_, said check being attached hereto and made a part hereof, the same as if copied herein in words and figures, for the purpose of obtaining money, services or any article of value, knowing at the time of making, drawing, issuing, uttering or delivering said check, draft or order that the maker or drawer of said check did not have sufficient funds in or on deposit with said bank, corporation, firm or person for the payment of such check, draft or order in full, and all other checks, drafts or orders upon such funds then outstanding, in direct violation of Miss. Code Ann., Section 97-19-55, 1972, as amended, contrary to the form of the statute made and provided, and against the peace and dignity of the State of Mississippi.

The undersigned Affiant authorizes the District Attorney's Office to proceed with collection and/or prosecution.

THE UNDERSIGNED FURTHER CERTIFIES THAT THIS CHECK HAS NOT BEEN PREVIOUSLY TURNED OVER TO ANY OTHER INDIVIDUAL, AGENCY OR CORPORATION FOR COLLECTION.

\_\_\_\_\_  
AFFIANT

SWORN TO AND SUBSCRIBED this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)  
My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

## COMPLAINT

I hereby complain that I have received a bad check from the above defendant, and have sent the defendant notice pursuant to Mississippi Law, and the defendant has failed to respond within the time allowed. I wish to have this matter processed by the Bad Check Unit of the District Attorney's Office for the First Circuit Court District, and so authorize this action. I understand that an Arrest Warrant may be issued by this Unit. I understand that this case is not brought for the collection of a debt, and I further understand that by signing the Complaint I give up the right to accept restitution directly from the defendant, but will receive any restitution through the Office of the District Attorney. I also understand that should the defendant fail to surrender or if no Restitution Agreement is made or if the defendant fails to abide by the Restitution Agreement, then this matter will be prosecuted in Criminal Court, and I will be called upon to testify and aid in this prosecution. I also understand if, after signing this Complaint, I wish to withdraw the Complaint, I may do so for good cause, but I will be required to pay a withdrawal fee of \$30.00. I further certify that this check has not been previously turned over to any other individual, agency or corporation for collection.

To all of the foregoing, I do affirm as true, to the best of my knowledge and belief.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
COMPLAINANT (signature)

Printed Name: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL #(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL #(S): \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

STATUTORY NOTICE TO MAKER  
(required on all Insufficient / Non-Sufficient (NSF) Checks)

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ (check writer)  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip)

This Statutory Notice is provided pursuant to Miss. Code Ann., Section 97-19-57, 1972, as amended.

You are hereby notified that a check, draft or order No. \_\_\_\_\_, issued by you on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the amount of \$ \_\_\_\_\_ drawn on (name of bank) \_\_\_\_\_ and made payable to \_\_\_\_\_ has been dishonored.

Pursuant to Mississippi Law, you have fifteen (15) days from the receipt of this Notice to tender payment of the full amount of such check or instrument plus a service charge of Forty Dollars (\$40), the total amount due being \$ \_\_\_\_\_.

Unless this amount is paid in full within the specified time above, the holder of such check or instrument may assume that you delivered the instrument with the intent to defraud and may turn over the dishonored instrument and all available information relating to this incident to the proper authorities for criminal prosecution.

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affidavit of Service of Mailing

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn on oath, deposes and says that he/she is at least eighteen (18) years of age and that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, he/she served the attached Notice of dishonor by placing a true and correct copy thereof securely enclosed in envelope address as follows:

\_\_\_\_\_ (check writer)

\_\_\_\_\_ (street address)

\_\_\_\_\_ (city, state, zip)

and deposited the same, postage prepaid, in the United States Mail at (city) \_\_\_\_\_ (state) \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

SUBSCRIBED TO AND SWORN BEFORE ME this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)

My Commission Expires: