

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.

SORRY, BUT THIS OFFICE CANNOT / DOES NOT HANDLE:

- Stop Payment Checks
- Uncollected Funds Checks
- Refer to Maker Checks
- No Such Account Checks
- Frozen Account
- 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)

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 (NSF only) 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.

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 reserve the right to decline any bad check for any reason.**

Statutory Requirements: While only the check writer's name, residence address and phone number are required by statute to be on a check, please note that this office **will not prosecute** a check without the following **vital information**.

Vital Information that will assist this office in collecting your check:

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 should include the street address (this is so we can serve a warrant if 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, if required, 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 the appropriate 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. _____, apparently 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, draft or order, 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
(required on all Insufficient / Non-Sufficient (NSF) Checks)

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: