BAD CHECK CRIME REPORT ERIC J. SMITH MACOMB COUNTY PROSECUTING ATTORNEY													8/3/05
FILE REPORTS BY MAIL TO: P.O. BOX 577, MOUNT CLEMENS, MI 48046-057 (postal address only) VICTIM HOTLINE: (888) 344-9853 • REFER CHECK WRITERS TO: (877) 397-342													
PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK AND SIGN BELOW.													
 Was check post-dated at time of acceptance? □Yes □No Does this matter involve a two-party check? □Yes □No Was check received as payment on an account? □Yes □No Were you asked to hold or delay depositing the check(s)? □Yes □No Does the check involve an extension of credit? □Yes □No 													
A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the Prosecuting Attorney. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all boxes were checked "NO," please complete this report, date and sign it and forward to the above mailing address.													
Prior to submission, a "Statutory Certified Notice" MUST be sent to the check writer via U.S. Certified Mail (see sample notice on reverse side). On what date did you send notice? Please attach documentation. Certified mail fee: Returned item													
1		s full name as writ											
L	Address(es)												
SUSPECT	City	State	Zip		Home P		'hone #		Other Phone #				
Staple	Driver's Licer	State	Expiration date				Other ID						
Documents Here	How did you obtain the check writer's identification? Do you need notification that this crime report has been accepted into the program? Yes No If so, please indicate how you would prefer to be notified. Driver's License Police Report (#) Check Cashing Card Other												
2	Check # Date Am Received				at was ck for?		Person Accepting Check			Can person ID check writer?			
CHECKS												□Yes □Yes	
List												□Yes	□No
Additional Checks On												□Yes	
Another Form												□Yes	□No
3	Victim / Firm Name								Phone		Fax		
	Victim Address City										State Zip		
VICTIM	Name of person filing										Email		
(person filing)	Address where check was accepted if different from the above address												
I understand that I	must <u>NOT</u> acco	ept restitution fro	om the ch	eck write	r after filin	g this re	port with t	he Bad Chec	ek Program.	Initial her	re		_
I HAVE READ	ALL FILING							<u>ENALTY O</u> Y KNOWI		THAT	ALL INFO	RMATI	ON IN
Sig				Print N	ame			Date Filed					

FILING THE BAD CHECK CRIME REPORT:

Victims of bad checks may file a report with the Macomb County Prosecuting Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The Prosecuting Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. "Restitution" refers to the face value of all checks listed in the report, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. FILL OUT REPORT COMPLETELY. Attach checks and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "STATUTORY CERTIFIED NOTICE," "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES). <u>COPY ALL INFORMATION FOR YOUR RECORDS.</u>
- **B.** Mail this report directly to the Macomb County Prosecuting Attorney Bad Check Restitution Program (address listed below).
- C. Once a report has been filed: <u>ALL</u> restitution payments must be coordinated by the Prosecuting Attorney's Office. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (877) 397-3428.

AFTER FILING:

- **A.** If you do not receive restitution within 60 days, contact the Prosecuting Attorney Bad Check Restitution Program.
- **B.** If restitution is not received from the check writer, your report will be evaluated for criminal prosecution.
- C. IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT. This office will retain all checks as a matter of official record. If for some reason the report is not prosecutable, the check(s) will be returned at your request.

SAMPLE "STATUTORY CERTIFIED NOTICE"

Date

Dear Check Writer:

You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on ______ drawn upon ______ bank, and payable to ______, has been dishonored. Pursuant to Michigan law, you have 5 days from receipt of this notice to tender payment of the full amount of such check plus a service charge which may not exceed the greater of \$25 or 5% (but not more than \$250) of the amount due.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the Prosecuting Attorney for criminal prosecution.

Closing, Your name Address

MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:

MACOMB COUNTY PROSECUTING ATTORNEY BAD CHECK RESTITUTION PROGRAM

P.O. BOX 577, MOUNT CLEMENS, MI 48046-0577

www.checkprogram.com/macombcountymi