



BAD CHECK CRIME REPORT

MACOMB COUNTY PROSECUTING ATTORNEY

ERIC J. SMITH

5/9/2011

Bad Check Program Address:
P.O. Box 605
Mount Clemens, MI 48046-0605

Bad Check Program Contact:
(855) 478-1427 - Victim Hotline
(855) 496-6151 - Check Writer Hotline
(Please refer check writer to the "check writer" hotline)

For more information: checkprogram.com/macombcountymi

Step 1 Confirm Eligibility	<p>The following types of checks are ineligible for the program:</p> <table style="width: 100%;"> <tr> <td>*Two-party checks</td> <td>*Partially re-paid checks</td> <td>*Fraudulent or stamped lost/stolen/forged</td> </tr> <tr> <td>*Payroll or credit card checks</td> <td>*Post/pre dated or altered checks</td> <td>*Checks you agreed to hold before depositing</td> </tr> <tr> <td>*Checks passed outside of Macomb County</td> <td>*Checks which are repayment of loan or civil contract agreement</td> <td></td> </tr> </table>	*Two-party checks	*Partially re-paid checks	*Fraudulent or stamped lost/stolen/forged	*Payroll or credit card checks	*Post/pre dated or altered checks	*Checks you agreed to hold before depositing	*Checks passed outside of Macomb County	*Checks which are repayment of loan or civil contract agreement	
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Step 2 Victim Information	<p>Victim/Merchant Name: _____</p> <p>Contact Name: _____ Title: _____</p> <p>Victim Contact Information: _____ Email: _____ (Required)</p> <p>Phone:(____) _____ Fax:(____) _____</p> <p>• <u>Email and/or fax are required for acknowledgement receipt of check and/or Program communication</u></p> <p>Address: _____ City: _____ State: _____ Zip Code: _____</p> <p>Per Michigan Statute you are entitled to receive a protest fee of \$25.00 per check.</p>
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Step 3 Check Writer Information	<p>Check Writer's Name: _____</p> <p>Address: _____ Apt: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Home Phone:(____) _____ Other Phone:(____) _____</p>	<p>Driver's License # / Other ID #: _____</p> <p>State: _____ Date of Birth: ____/____/____</p> <p>Other ID: (if applicable) _____</p>
<p>A "Statutory Notice" must be sent to recover the bad check(s) in question to the check writer via U.S. Certified Mail. If no attempt has been made, the check is not eligible for prosecution. (See sample notice on back.)</p>		

Step 4 Check Information	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Ck. No.</th> <th style="text-align: left;">Date Passed</th> <th style="text-align: left;">\$ Amount</th> <th style="text-align: left;">Name of person accepting check <small>(if no longer employed please list manager)</small></th> <th style="text-align: left;">Can person ID check writer?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>Address where check was accepted (if different than Step 2): _____ (Required)</p> <p>City: _____ State: _____ Zip Code: _____</p>	Ck. No.	Date Passed	\$ Amount	Name of person accepting check <small>(if no longer employed please list manager)</small>	Can person ID check writer?	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Step 5 Victim Verification Sign & date	<ul style="list-style-type: none"> • I will <u>not</u> accept direct payment from the check writer after filing this report with the Program. Please refer check writer to (855) 496-6151. • I understand that the check writer has the option to dispute this claim in writing with the Bad Check Program. • If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecution review. • I attest that I have sent statutory notice to the check writer via U.S. Certified Mail and after 5 days it remains unpaid. • I have reviewed the filing instructions, I hereby affirm and attest <u>under penalty of perjury</u>, that all information provided on this crime report is true to the best of my knowledge. <p>X _____</p> <p style="text-align: center;">Signature of Person Filing (Required) Print Name of Person Filing Date Filed</p>
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Additional crime reports are available at: checkprogram.com/macombcountymi

Staple original or bank-generated substitute check here

Sample "Statutory 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 Statute you have 5 days from receipt of this notice to tender payment of the full amount of such check, plus a protest fee of \$25.00 per check.

Unless this amount is paid in full within the time specified above, we may turn over the dishonored check and all other available information relative to this incident to the Prosecuting Attorney's Office for potential criminal prosecution.

Closing,

Your name/address

Bad Check Program Information

As a victim of a bad check you may file this report with the Macomb County Prosecuting Attorney, provided there is sufficient information, and that the check meets all eligibility guidelines. The Macomb County Prosecuting Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that the Bad Check Restitution Program can make no recovery guarantees. By submitting the check to the program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Program. "Restitution" refers to the face value of all checks listed on this report.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment,
- A check issued by someone not competent or of legal age,
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check,
- A check issued to pay an obligation arising from an illegal transaction.

What to do after my crime report is filed with the Program

- Please **do not** accept direct payments from check writers. Should the check writer contact you to make payment, refer them to the Check Writer Hotline at (855) 496-6151.
- You may contact Victim Services for case updates at (855) 478-1427 anytime.
- Please allow a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not "eligible" for prosecution, you may request the check(s) be returned to pursue a civil remedy.

Filing Instructions

1. Fill out Crime Report completely or go to www.checkprogram.com/merchants for electronic filing (requires scanner).
2. Attach copies of original or legal copies of ALL checks (including front and back of checks) and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "STATUTORY NOTICE."
3. Mail Bad Check Crime Report and all other correspondence to:
Macomb County Bad Check Restitution Program
P.O. Box 605, Mount Clemens, MI 48046-0605
4. Once a report has been filed: ALL 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 (855) 496-6151.
DO NOT ACCEPT PAYMENT DIRECTLY FROM CHECKWRITER.