

CHECKLIST FOR ISSUANCE OF WORTHLESS CHECK COMPLAINTS

- _____ 1. The original check which is the subject of the complaint.
- _____ 2. Evidence that the check was submitted to the banking institution twice for payment. This is usually stamped on the check by the banking institution.

*Note: The check need not be presented twice if it has been written on a closed account.

- _____ 3. A machine photocopy of the letter which was forwarded to the issuer of the check indicating that unless restitution is made within five days of receipt of the letter, the complaint will be forwarded to the Saukville Police Department.
- _____ 4. The original return receipt returned by the U.S. Postal service, indicating "Restricted Delivery", the date, and the signature of the issuer of the check showing receipt of the letter.

*Note: Make sure the date the letter was received by the issuer of the check is at least five days prior to the complaint being filed. If the Post Office returns the letter unaccepted, the complaint cannot be accepted for citation issuance by the Police Department. On the green returned receipt requested, the form should be checked, "Restricted Delivery". By doing this, the issuer of the check is the only person able to sign for the certified letter.

- _____ 5. A completed Saukville Police Department Issuance of Worthless Check Information Sheet.

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WORTHLESS CHECK INFORMATION SHEET

1. BUSINESS OWNER OR REPRESENTATIVE:

First Middle Last

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

2. PARTY ISSUING CHECK: _____

Address and Phone #: _____

3. WHAT WAS PURCHASED WITH THE CHECK: _____

What was the total of purchase: _____

Total of any cash/change given to the person presenting the check: _____

4. DATE OF PRESENTATION: _____

5. PERSON TO WHOM CHECK WAS PRESENTED: _____

Address and phone #: _____

6. IDENTIFICATION REQUESTED FROM PERSON PRESENTING CHECK:

a. Driver's license number: _____

b. Date of birth: _____ c. Phone# _____

d. Other credit card: _____

e. Vehicle type and license: _____

f. Place of employment: _____

g. Other: _____

h. Signature examined: Yes _____ No _____

7. DATE CHECK RETURNED: _____
- REASON:
- a. Insufficient funds: _____
- b. Account closed: _____
8. IF CHECK RETURNED FOR INSUFFICIENT FUNDS, DATE OF SECOND PRESENTATION AND RETURN OF CHECK: _____
9. DATE OF COMPLAINING PARTY'S INITIAL CONTACT WITH ISSUER OF CHECK:
- a. Type of contact: Phone _____ Letter _____ Personal _____
- b. Date form letter sent: _____
- c. Did party admit passing the check? _____
- d. Comments made, etc.: _____

10. It is understood and agreed that the check which is the subject of this information sheet is being presented to the Saukville Police Department for civil and/or criminal prosecution, and the undersigned, its agents and employees will cooperate in any prosecution, will not request that the complaint on this check be dismissed, and will not accept payment on the check without the consent and approval of the Saukville Police Department. The facts above are hereby certified by the undersigned to be true and accurate.

Dated this _____ day of _____ 19_____

Signature: _____
 Business owner or representative

Dear

On _____ you issued a check to me in the amount of
\$ _____ drawn on the _____.

This check was not honored by the bank because your account is

(indicate: non-sufficient funds, account closed, no account exists)

Under the criminal laws of Wisconsin, you are given an opportunity to make good on this check within five (5) days of receipt of this notice of its dishonor. If restitution is not made or a satisfactory explanation is not given as to why this check was not honored, I will request a warrant for your arrest. Please make your restitution directly to the undersigned.

Sincerely,