

CHECKLIST FOR BAD CHECKS

1. The transaction **must** have taken place in Clay, Lowndes, Noxubee, or Oktibbeha Counties.
2. It is requested that a complaint be filed with the District Attorney within sixty (60) days of the check date. We will not accept checks over one (1) year old.
3. All bad checks must be stamped:
 - (a) **Insufficient Funds or**
 - (b) **Account Closed**
4. **No** checks will be accepted that are stamped:
 - (a) **Stop Payment**
 - (b) **Uncollected Funds**
 - (c) **Refer to Maker**
 - (d) **No Such Account (usually Counter Checks)**
5. The following checks **will not** be accepted:
 - (a) Checks that have had partial payments made on them
 - (b) Postdated Checks (*not valid*)
 - (c) Two Party Checks
 - (d) Forgeries (We will try to direct you to the appropriate law enforcement agency) *Police Dept*
 - (e) Incorporated Checks
 - (f) Checks accepted under **contract**
6. The check writer must be 17 years of age on or before the check date or this office will not be able to accept the check.
7. If the check is \$100.00 or more, we request that a fifteen (15) day notice must be mailed by certified mail, return receipt requested to the person that **signed** the check. The check writer must be given fifteen (15) days from receipt of your letter to make the bad check good. After the fifteen (15) days have expired, you may turn the check over to the Check Unit. If the check is less than \$100.00, a regular letter may be mailed but a copy of the letter must be provided to prove the receipt of letter mailed. A notarized mail affidavit is required if letter is sent regular mail.
8. If a check is written on a closed account you are not required to send a letter. The check **must** be stamped by the bank, **Account Closed**.
9. All information on the bad check complaint form should be filled out as completely as possible and you **must obtain the social security number of the check writer or drivers license with state indicated.**

10. If the Certified/Registered letter is returned to you by the post office ("unclaimed," "no such address," "refused," etc.), no waiting period is required. If the letter is accepted, you must give 15 days from the date of signature on the green card.
11. You must bring the following to the Bad Check Unit:
 - (a) Original copy of Check returned from the Bank
 - (b) Certified mail receipt (proof of purchase)
 - (c) Return receipt request card (green card); if the letter is returned, bring it also
 - (d) Completed Bad Check Complaint
 - (e) Copy of the fifteen (15) day letter
 - (f) Mail affidavit form
12. According to Mississippi State Law, if payment is accepted after a complaint is processed, the complaint **MUST** be withdrawn and a thirty dollar (\$30.00) service fee paid to this office.

^{\$40} MISSISSIPPI LAW ALLOWS FOR THE DISTRICT ATTORNEY TO COLLECT THIRTY DOLLARS (\$30.00) FOR THE VICTIM ONCE THE CHECK IS TURNED OVER TO THE BAD CHECK UNIT.

THE MERCHANT IS ALLOWED TO COLLECT UP TO FORTY DOLLARS (\$40.00) PRIOR TO TURNING THE CHECK OVER TO THE BAD CHECK UNIT.

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: _____

COMPLAINT FORM

DATE _____

DEFENDANT INFORMATION:

SSN _____ DLN _____ STATE _____
NAME _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
DOB _____ RACE _____ SEX _____ POE _____

VICTIM INFORMATION:

BUSINESS NAME _____ COUNTY _____
MAILING ADDRESS _____ PH # _____
PHYSICAL ADDRESS _____
NAME OF PERSON ACCEPTING CHECK _____
CAN THIS PERSON MAKE POSITIVE ID _____

CHECK INFORMATION:

CHECK# _____ AMOUNT _____ DATE _____
WERE YOU ASKED TO HOLD THE CHECK _____; WAS THE CHECK POSTDATED _____
HAS PARTIAL PAYMENT BEEN MADE ON THE CHECK _____
WAS THE CHECK: GIVEN BY A CORPORATION _____ INCLUDED IN BANKRUPTCY _____
GIVEN TO PAY ON AN ACCOUNT, CONTRACT, OR PRE-EXISTING DEBT _____
WHAT GOODS OR SERVICES WERE RECEIVED _____

I certify that the information furnished above is true and correct to the best of my knowledge and that this case is not brought for collection of any civil debt. I understand that when turned over for prosecution, I may not receive payment on this check; and that a \$30.00 Withdrawal Fee must be paid to the DA's Bad Check Unit if this check is collected by the victim.

AFFIDAVIT

I, _____, do state on oath that _____,
late of the county aforesaid, in the county of _____ did unlawfully, willfully, feloniously, and
fraudulently obtain _____, the property of _____, by
presenting to _____ a certain check drawn on _____,
well knowing at the time of delivering said check that he/she did not have an account or sufficient funds, in/with
said bank with which to pay said check, a copy of which is attached, and said check was afterward presented to
said bank for payment and was not honored by said bank upon presentation; and that by means and color of
making, issuing, delivering said check, he/she did then and there, by virtue of said false and fraudulent
representation, cheat and defraud said _____, in violation of section 97-19-55.

Signature

Please Print

STATE OF MISSISSIPPI
COUNTY OF _____

Personally appeared before me, the undersigned authority, the within named _____,
who, after being duly sworn by me, state on oath that the matters and facts set forth in the foregoing affidavit
are true and correct to the best of his/her information and belief.

Sworn to and subscribed before me, this the _____ day of _____ 20____

My Commission Expires:

Court Clerk/Notary Public