



Medina County Sheriff

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PROCEDURE FOR "BAD CHECKS"

Prepare two (2) copies of the sample letter below with the proper heading and a signature. Mail one copy in a plain envelope. Send it **CERTIFIED MAIL with a RETURN RECEIPT REQUESTED.**

After 14 days, call and make an appointment with the Medina County Sheriff's Department Detective Bureau at (330) 725-9116 between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday. Bring the following information with you:

1. Original of the letter that you sent.
2. Post Office receipt of delivery.
3. The original check.

A Sheriff's Department incident report will then be prepared and a warrant will be requested through the Medina County Prosecutor's Office, if the liability has not been discharged.

BELOW IS A SAMPLE OF THE LETTER THAT IS SUGGESTED THAT YOU SEND.

Dear Mr. _____ :

We have received your check, number _____, for the amount of \$ _____ from the bank. We are advised that the reason for return is non-sufficient funds.

Pursuant to Section 2913.11 of the Ohio Revised Code, you are hereby given the required ten (10) days notice, in which time you may discharge this liability by payment IN FULL of the above mentioned check and amount.

*** **NOTE** – Do not include bank surcharges in the amount of money the person or business owes you. Surcharges will nullify the legality of the letter.

REPORT

1. Your Business Name _____

2. Business Address _____ Bus. Phone _____

3. Person Making Report _____ Job Title _____

Home Address _____ Home Phone _____

4. Full Address of Business, Branch, Place Where Check was Accepted:

5. Check Number _____ Date Check Accepted _____ Amount \$ _____

6. Name of Person Who Presented the Check _____

THE NEXT SECTION MUST BE COMPLETED BY THE PERSON WHO ACTUALLY TOOK THE CHECK.

1. Your Name _____

Home Address _____ Zip Code _____

2. Your Home Phone _____

3. Description of Passer: Race _____ Age _____ Sex _____ Ht. _____ Wt. _____

Hair Color _____ Hair Length _____

Name Given To You By Passer _____

Passer Claimed Employment At _____

Phone Number Given By Passer _____

Address _____

Passer's Driver's Lic. No. _____ State _____

Other I.D. Used _____

4. Description of Automobile Involved (if any): Make _____
Model _____ Color _____

5. License Number and State _____

6. Name of Other Persons Who Witnessed The Transaction And a Phone Number at Which They Can be Reached: _____

PLEASE CIRCLE THE PROPER RESPONSE

1. Do You Recall The Transaction And/Or What Was Purchased? YES NO

2. Was The Passer Known To You? YES NO If Yes, How? _____

3. As The Person Who Accepted The Check, Can You Identify The Passer?
YES NO If Yes, How? _____

4. What Did The Passer Obtain In Exchange For the Check?
(a) Credit For A Bill? YES NO (c) Cash? YES NO Amount _____
(b) Services? YES NO (d) Merchandise? YES NO
Describe _____

5. Was The Check Post Dated And/Or Did The Passer Ask You To Hold The Check to a Future Date? YES NO

6. Did You See The Passer Write The Check And/Or Endorse The Check? YES NO

7. Did You Initial, Mark Upon or Write Upon The Check at The Time You Accepted It? YES NO If So, What? _____

TO BE COMPLETED BY THE PERSON MAKING THE REPORT

1. Please Detail What Steps You or Your Employees Have Taken to Contact The Suspect And/Or Recover Your Loss?

(a) Was The Passer Contacted? _____ By What Person And

When? _____

Where? _____

Result _____

2. Has The Passer Attempted to Make Restitution? YES NO If So, Please Detail: _____

Have You Successfully Served a 10 Day Statutory Bad Check Notice on the Passer? YES NO If Yes, How? Certified Mail or Personal Service?

If Not Served, The Reason Why. _____

Do You Feel That You Have Exhausted Your Ability to Collect This Check? YES NO

Do You Feel That the Passer of the Check Intended to Defraud You When He/She Passed the Check? YES NO

3. Have You Retained an Attorney or Turned This Matter Over to a Collection Agency in an Attempt to Collect The Check? YES NO

If So, Whom? _____

NOTE:

Please indicate on the reverse side of this form anything that you feel would help in locating and prosecuting this person.

The decision whether or not to prosecute this individual will be made by the Medina City Prosecutor's Office who will take into account numerous factors, including what evidence exists of intent to defraud and the availability of necessary bank records. Criminal prosecution does not

guarantee restitution as prosecution is designed to punish and not to collect debts.

If you agree to prosecute this Defendant, you cannot drop the charge if she/he offers to pay the check. If a criminal case cannot be proven, the check will be returned to you upon receipt.

I hereby understand and agree to all the information contained in this document is to be used by and disseminated among all Law Enforcement Agencies, the Office of the Prosecuting Attorney, and the Courts. I also understand and agree that this check is being submitted for criminal prosecution and that if criminal prosecution is instituted, it will be necessary for those persons having knowledge of the facts to appear and testify in Court.

I hereby certify that no one has accepted full or partial restitution for this particular check as of this date and I further agree NOT TO ACCEPT RESTITUTION WITHOUT notifying the Investigating Police Officer.

SIGNATURE OF PERSON MAKING REPORT _____

DATED _____