

OFFICE OF THE PROSECUTING ATTORNEY

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BAD CHECK PACKET

Requirements for Prosecution - Non-sufficient Funds (NSF) Checks:

- 1) Check must have been presented for payment within 30 days after it was received;
- 2) Defendant must have received 10-day demand notice (see attached sample letter) by certified mail and/or personal service;
- 3) Restitution must not have been made in whole or in part; and
- 4) Check must have been issued or transferred in Wayne County, Ohio.

Requirements for Prosecution – Checks Written On Closed Accounts:

- 1) Account must have been closed prior to date check was written;
- 2) Must have proof that defendant knew account was closed at time check was written; and
- 3) Check must have been issued or transferred in Wayne County, Ohio.

IF ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET, PLEASE SUBMIT THE FOLLOWING TO THE APPROPRIATE LAW ENFORCEMENT AGENCY HAVING JURISDICTION (i.e., where the check was passed):

- 1) The original check;
- 2) A copy of the 10-day demand notice (for NSF checks);
- 3) Certified mail return receipt for 10-day notice (for NSF checks);
- 4) The attached report, both Parts One and Two, legibly completed. Part One must be by a person with authority to initiate prosecution (e.g., manager, owner, etc.). Part Two must be by the person who actually accepted the check.

BAD CHECK REPORT- PART ONE

TO BE COMPLETED BY PERSON REQUESTING AND AUTHORIZING PROSECUTION:

1. Your Business Name _____
2. Business Address _____
Phone _____
3. Address (including county and state) where check was accepted _____

4. Person completing this report _____
5. Job Title _____
6. Home Address _____ Phone _____
7. Name and address of bank on which check was drawn _____

8. Account Number _____ Check Number(s) _____

9. Check Amount(s) _____
10. Name(s) on Check _____
11. Name of Person Presenting Check _____
12. Date Check was Accepted _____
13. 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 Whom? _____

When? _____

Where? _____

Result? _____

14 Has the passer attempted to make restitution? 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 _____ Personal service _____

15 Do you believe that you have exhausted your ability to collect on this check?

YES NO

16 Do you believe that the passer of the check intended to defraud you when he/she passed the check? YES NO If yes, please explain in detail:

17. Have you retained an attorney or turned this matter over to a collection agency in an attempt to collect the check? YES NO If yes, whom:

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

NOTE:

The decision whether or not to prosecute this individual will be made by a representative of the Wayne County Prosecuting Attorney 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, not to collect debts; if you are interested only in restitution, and the amount of the check is \$3000.00 or less, you may wish to consider filing suit in Small Claims Court. If you agree to prosecute this defendant, you cannot drop the charge if he/she offers to pay the check. If a criminal case cannot be proven, the check will be returned to you upon request.

I HEREBY UNDERSTAND AND AGREE THAT ALL OF 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 COURT. I ALSO UNDERSTAND AND AGREE THAT THE CHECK(S) IS/ARE 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 THE CHECK(S) AS OF THIS DATE, AND I FURTHER AGREE NOT TO ACCEPT RESTITUTION WITHOUT NOTIFYING THE PROSECUTOR'S OFFICE.

SIGNATURE

DATE

BAD CHECK REPORT – PART TWO

TO BE COMPLETED BY THE PERSON WHO ACCEPTED THE CHECK:

1. Your name _____
Home address _____
2. Your home phone _____
3. Description of passer (person from whom you received check)
Race _____ Age _____ Sex _____ Hgt. _____
Wgt. _____ Hair Color _____ Hair Length _____
Name given by passer _____
Passer claimed employment at _____
Phone number given you by passer _____
Address _____
Passer's driver's license number _____ State _____
Other identification used _____
4. Address (including county and state) where check was passed: _____

5. Description of automobile involved (if any): Make _____
Model _____ Color _____
6. License number and state _____
7. Description of person(s) who accompanied the passer (if any): _____

8. Names and addresses of other persons who witnessed the transaction and phone numbers at which they can be reached:

_____ phone _____
_____ phone _____
_____ phone _____

9. Do you recall the transaction and/or what was purchased? YES NO

10. Was the passer known to you? YES NO If YES, how? _____

11. As the person who accepted the check, can you identify the passer? YES NO

If YES, how? _____

12. What did the passer obtain in exchange for the check? _____

a) Credit for a bill? YES NO c) Cash? YES NO Amt. _____

b) Services? YES NO d) Merchandise? YES NO

DESCRIBE: _____

12. Was the check post-dated and/or did the passer ask you to hold the check to a future date?

YES NO

13. Did you see the passer write the check and/or endorse the check? YES NO

14. Did you initial, mark upon, or write upon the check at the time you accepted it?

YES NO

I UNDERSTAND THAT I WILL BE CALLED TO TESTIFY IN COURT AS TO THE ABOVE INFORMATION IF A TRIAL IS HELD IN THIS MATTER.

(SIGNATURE)

(DATE)

SAMPLE 10-DAY DEMAND LETTER

CERTIFIED CHECK NO. _____

Dear _____:

Please be advised that your check, number _____, drawn on the
_____ (name of bank) _____, account number _____, in the amount of
_____, dated _____, has been returned to _____ (name of
person or business holding check _____ after presentation for payment, due to insufficient
funds.

Pursuant to Ohio Revised Code 2913.11, you are hereby notified that this matter will be
turned over to the Wayne County Prosecutor's Office for legal action if payment is not made
within ten (10) days of your receipt of this notice.

Please contact the undersigned at _____ (address/phone) _____ regarding this check.

(Signature Line)

INSTRUCTIONS FOR CERTIFIED MAIL

1. Prepare and sign letter (sample attached) and make a copy of the signed letter.
2. Go to the post office to obtain a green Certified Mail Return card and proof of mailing receipt.
3. Complete green Certified Mail Return card and proof of mailing receipt.
4. Write the Certified Mail Number (which is on the green Certified Mail Return card and the proof of mailing receipt) at the top of the original letter before placing the original letter in the envelope. Also write the Certified Mail Number on your copy of the letter.
5. Give the envelope, the green Return card and mailing receipt to clerk at the post office. The clerk will inform you of the cost to send the certified letter, prepare the envelope for mailing by attaching the green Receipt card to the envelope, and will stamp the proof of mailing receipt with the date of mailing and will return the proof of mailing receipt to you.
6. Attach your proof of mailing receipt to your copy of the letter. If the green Return card returns to you with a signature evidencing service, attach it also to your copy of the letter.
7. Provide the copy of the letter with the green Return card and proof of mailing receipt attached to the law enforcement agency to which you submit the Bad Check Packet.