## Office of the District Attorney NINTH CIRCUIT COURT DISTRICT

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# REQUIREMENTS AND PROCEDURES WORTHLESS CHECK UNIT DISTRICT ATTORNEY'S OFFICE

Packet can be downloaded from www.msda9.com/wcu

SERVING: ISSAQUENA SHARKEY WARREN COUNTIES

#### WORTHLESS CHECK UNIT CHECKLIST

- 1. The transaction must have taken place in Warren, Sharkey, or Issaquena counties.
- 2. All checks must be dated after July 1, 1988. We request that you file a complaint with the District Attorney promptly.
- 3. The Merchant must get the check writer's name, residence and telephone number. The Merchant must also initial check witnessing the signing of the check.
- 4. All worthless checks must be stamped:
  - A. Insufficient Funds; or
  - B. Account Closed
- 5. Checks will not be accepted if they are stamped:
  - A. Stop Payment;
  - B. Uncollected funds:
  - C. Refer to Maker;
  - D. No such account (usually counter check)
- 6. The following checks will also not be accepted;
  - A. Checks on which partial payments have been made;
  - B. Postdated checks;
  - C. Two party checks;
  - D. Forgeries (all forgeries should be forwarded to appropriate law enforcement agency).
- 7. A fifteen (15) working days notice must be mailed by certified mail, **return** receipt requested, to the exact address as given on the check by the maker. The check writer must be given fifteen days from receipt of your letter to make the bad check good.
  - After the fifteen days are over, you may swear out a bad check affidavit at the D.A.'s Office. The sworn bad check affidavit must be attached to the complaint which is filed with the District Attorney.
- 8. If the certified letter (notice) is returned undelivered, no waiting period is required and you may file a complaint at that time.
- 9. You must bring or mail the following when presenting a complaint to the District Attorney in the following order:
  - A. Original check
  - B. Completed worthless check complaint
  - C. Criminal affidavit
  - D. Copy of certified 15 day legal notice letter
  - E. Certified mail receipt (Proof of purchase)
  - F. Return receipt request card (green card) if signed for. If the certified letter is returned unclaimed, send the unopened letter.
- 10. A worthless check complaint must be filed in our Office for each check you wish to submit to the District Attorney.
- 11. If, after filing a Complaint with the District Attorney, you wish to withdraw the

complaint for good cause, Mississippi Law requires that you pay a fee of Forty (\$40.00) Dollars to the District Attorney for processing such complaint.

The law provides an additional tool for obtaining restitution on bad checks. It is in addition to existing law but does not supplant it. The merchant or individual is still at liberty to pursue conventional criminal prosecution if for any reason it is deemed to be more appropriate in a given case. If you choose to prosecute criminally, go to the appropriate law enforcement agency as you have done in the past.

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### BAD CHECK AFFIDAVIT

**EXAMPLE** 

STATE OF MISSISSIPPI		
COUNTY OF	WARREN	

Personally appeared before me, the unde	ersigned Notary Public, in and for said County				
and State, MERCHANTS NAME	who being by me duly sworn, says that,				
PERSON WHO SIGNED CHECK	late of the County aforesaid, on or				
about <u>DATE ON CHECK</u> with for	ce and arms, in the County aforesaid, and within				
the jurisdiction of this Court, did willfully, unlawfully and with fraudulent intent deliver a check					
draft or order for the payment of money in the a	mount of \$ AMOUNT OF CHECK,				
drawn on NAME OF BANK	(bank) for the purpose of obtaining				
money, goods, or services from MERCHA	ANTS NAME (payee) at a time when he				
or she knew were not sufficient funds on deposi	t with said bank for the payment of said check in				
full plus other checks drawn on said account the	en outstanding or that said account was closed, in				
violation of Miss Code Section 97-19-55, contra	ary to the statute in such cases made and				
provided, and against the peace and dignity of the	ne state of Mississippi.				
_					
	AFFIANT				
Sworn to and subscribed before me this	the day of				
-					
	NOTARY PUBLIC				
My commission expires:					

### THE FOLLOWING CHECKS CAN NOT BE ACCEPTED UNDER BAD CHECK PROGRAM

- (1) Post-dated checks Reason: Supreme Court has ruled this is an extension of credit and not a crime.
- (2) Checks where partial reimbursement or extension of credit has been accepted Reason: (A) In effect, check holder has now extended credit, (B) Confusion over "restitution" amount. (C) No statutory provisions allowing.
- (3) Two party checks Reason: (A) No one knows of possible agreements between 1st and 2nd party. (B) 2nd party may not have known check was bad.
- (4) Checks with no I. D., address or positive identification. Reason: No way to identify check writer. Writer may claim forgery as defense.
- (5) Forged checks Reason: Covered by forgery statute not by bad check law.
- (6) Stopped payment checks involving contract disputes Reason: Not authorized by statute.
- (7) Checks delivered before July 1, 1988 Reason: Predates statute.
- (8) Checks over 6 months old Reason: locating Defendant may be difficult.
- (9) "Hold Checks" Checks known to be insufficient when received and held to be deposited at a later date reason: This is an extension of credit.

#### BAD CHECK AFFIDAVIT

### STATE OF MISSISSIPPI COUNTY OF Personally appeared before me, the undersigned Notary Public, in and for said County and State, \_\_\_\_\_ who being by me duly sworn, says that \_\_\_\_\_\_\_, late of the County aforesaid, on or about \_\_\_\_\_ with force and arms, in the County aforesaid, and within the jurisdiction of this Court, did willfully, unlawfully and with fraudulent intent deliver a check, draft or order for the payment of money in the amount of \$\_\_\_\_\_\_, drawn on \_\_\_\_\_(bank) for the purpose of obtaining money, goods, or services from \_\_\_\_\_\_(payee) at a time when he or she knew were not sufficient funds on deposit with said bank for the payment of said check in full plus other checks drawn on said account then outstanding or that said account was closed, in violation of Miss Code Section 97-19-55, contrary to the statute in such cases made and provided, and against the peace and dignity of the state of Mississippi. **AFFIANT** Sworn to and subscribed before me this the day of . NOTARY PUBLIC

My commission expires:

### **COMPLAINT**

I certify that the information below is true and correct to the best of my knowledge, information and belief. I understand that once this case is turned over for prosecution, I must pay a \$40.00 fee if I personally collect the check. I understand that I have no further connection with the case except to testify in the event the case is brought to trial.

### (PLEASE PRINT)

Defendant's Name:			
Defendant's Address	:		
Driver's Lic. No	Date of Birth	Race	Sex
SSN	Telephone No. (Home)	(Work)	
Place of Employmen	t:		
	ted and information obtained:		
	accepted check:		
What was check writ	ten for?		
Check if any of the	following pertain to this check:		
( ) Hold Check (	) Post dated check ( ) Partial pa	yment made ( )	Two party check
Additional Information	on:		
Check Amount \$	Date Check l	Presented	
Reason for return:	Non -Sufficient Funds ( ) Accou	int closed ( )	
Bank Name	Check Number		
Name of Payee:			
Address:	Tele	phone:	
Signature:		Date:	
Date:	D. A. Approval		
TO:		DATE	

15 DAY LEGAL NOTICE LETTER				
This Statutory Notice is prov	ided pursuant to Section			
97-19-57, Mississippi Code of 1972.				
You are hereby notified that	a check, draft or order			
numbered apparently issue	ed by you on(date),			
drawn upon	(name of bank),			
and payable to	(Payee)			
has been dishonored.				
Pursuant to Mississippi law,	you have fifteen (15) days from			
receipt of this notice to tender pa	ayment of the full amount of			
such check, draft or order, plus a	service charge of Forty			
Dollars (\$40.00), the total amount	due being \$			
Unless this amount is paid in	full within the time specified			
above, the holder may assume that	you delivered the instrument			
with intent to defraud and may turn over the dishonored				
instrument and all other available	information relating to this			
incident to the proper authorities	for criminal prosecution.			
	MERCHANT:			
	ADDRESS:			
	TELEPHONE:			
	BY:			