

CHECK POLICY FOR IOSCO COUNTY

This policy establishes guidelines to be used by all law enforcement agencies in Iosco County when a business or a citizen requests an investigation of a check law violation.

IDENTIFICATION

1. Identification of the check writer is crucial to prosecution of check complaints. Proper identification (i.e. photo ID, driver's license) **MUST** be obtained from the check writer at the time the check is accepted. Checks presented to the police should include the following information.
 - a) Check writer's operator's license number or photo identification number.
 - b) Check writer's date of birth.
 - c) Person accepting the check should write the above a), b), and their name or initials on the check being accepted.

FIVE DAY NOTICE

1. Complainant is responsible for sending the required five (5) day notice. You may obtain a copy of a five-day notice from any local law enforcement agency. Also, attached is a copy of the five-day notice.
 - a) Delivery of this document **MUST** be **Restricted Return Receipt** to the writer of the check.

FORMS

The attached form (Worthless and Forged Document Information Sheet) **MUST** be filled out in its entirety for each bad check. Before turning the originals over to your local law enforcement agency, please retain a copy of this form, the five-day notice, and a copy of the check (front & back) for your records.

CIVIL TRANSACTIONS

The following types of checks **SHALL NOT** be accepted for prosecution:

- a) Postdated checks.

DURATION OF CASE

Once a check is turned over to the police, the case will proceed through the criminal justice system. Law enforcement is **NOT** a collection agency for individuals or businesses. When business/individuals are served a subpoena to testify they are expected to appear. Failure to appear pursuant to a subpoena will result in a show cause why the business/individual should not be held in contempt of court. That business/individual will risk the possibility that bad checks will no longer be prosecuted.

WORTHLESS OR FORGED DOCUMENT INFORMATION SHEET

Complaint #	_____
File Class:	_____
Date:	_____

COMPLAINT INFORMATION (person reporting to police):

Name _____ DOB _____
(First) (Middle) (Last)

Address: _____
(Mailing and physical address; if both apply.)

Phone: _____

VICTIM INFORMATION (person/business check is written to):

Name _____ C/O _____
(If a business; name of business.) (Owner of business or manager.)

Address: _____
(Mailing and physical address; if both apply.)

Phone: _____

PERSON ACCEPTING THE CHECK

Name _____
(First) (Middle) (Last)

Address: _____
(Mailing and physical address; if both apply.)

Phone: _____

SUSPECT INFORMATION (person writing check)

Name _____ DOB _____
(First) (Middle) (Last)

Home Address: _____
(Mailing and physical address; if both apply.)

Phone: _____ Race: _____ Sex: _____

DATE CHECK RECEIVED: _____ **TIME RECEIVED:** _____

Was the check marked by recipient (i.e.: initials)?	Yes	No
Can recipient identify suspect?	Yes	No
Was picture identification produced?	Yes	No
Type of identification and identification number:	_____ / _____	
Check Number:	_____	

5-DAY NOTICE

Date notice was sent: _____	Date receipt signed from Post Office: _____
Who sent the notice: _____	Who signed for the 5-day notice: _____
Bank/Credit Union drawn upon: _____	Reason check returned: _____
Passed by or name used: _____	Made payable to: _____

NOTICE TO SENDER: THIS **FIVE-DAY NOTICE** MUST BE SENT BY CERTIFIED MAIL, RETURN RECEIPT DELIVERABLE TO ADDRESSEE ONLY TO THE SUBJECT WHO MADE THE CHECK (RESTRICTED DELIVERY).

COPY OF THIS NOTICE SHOULD BE KEPT BY SENDER

TO

**BAD CHECK
NOTICE**

THIS IS TO INFORM YOU THAT I AM IN RECEIPT OF A CHECK ALLEGED TO HAVE BEEN WRITTEN BY YOU.

DATED	MADE PAYABLE TO	NAME OF BANK DRAWN ON	AMOUNT

THIS CHECK WAS PRESENTED TO ME IN THE USUAL COURSE OF BUSINESS, AND WAS RETURNED TO ME FROM THE ABOVE SAID BANK MARKED:

INSUFFICIENT FUNDS ACCOUNT CLOSED

IN ACCORDANCE WITH THE MICHIGAN STATUE YOU ARE HEREBY GIVEN FIVE (5) DAYS NOTICE THAT SAID CHECK HAS NOT BEEN PAID, AND **IF YOU SHALL NOT HAVE PAID THE AMOUNT DUE THEREON WITHIN FIVE (5) DAYS OF RECEIPT OF THIS NOTICE, THIS SHALL SERVE AS EVIDENCE OF INTENT TO DEFRAUD**, AND A REQUEST TO THE OFFICE OF THE PROSECUTING ATTORNEY TO TAKE CRIMINAL ACTION WILL BE MADE BY ME.

SIGNED _____

ADDRESS _____

DATED THIS _____ DAY OF _____ 20 _____