



Walton Hills Police Department

7595 Walton Road
Walton Hills, Ohio 44146



Stan Jaworski
Chief of Police

PROCEDURE FOR “BAD CHECKS”

Prepare two (2) copies of the sample letter below with the proper heading and signature.

Mail one copy using **CERTIFIED MAIL** with a **RETURN RECEIPT REQUESTED**.

14 days after sending the letter, come to the Walton Hills Police Department to file a police report. You must bring the following information with you:

1. Original of the letter that you sent
2. Post Office receipt of delivery
3. An original check with VOID written on payee line (for counterfeit check reports only)
4. The original check or bank copy of the check with the front and back
5. Available bank records (i.e. signature card)
6. Available account activity and three months of bank records prior to the fraudulent activity
7. The completed report package attached.

An incident report will then be prepared and a warrant will be requested through the appropriate prosecutor, if the liability has not been discharged.

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

Dear _____:

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

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

Sincerely,

***** 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.

(440) 232-1313 Phone

(440) 786-2975 Fax



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Report # _____

REPORT/COMPLAINT

Your Business Name: _____

Business Address: _____

Full Address of Business, Branch or Place Where Check was Accepted (If different from above):

Person Making Report: _____ Job Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____

Date Check Accepted: _____ Check Number _____ Amount \$ _____

Name of Person Who Presented the Check: _____

Reason for Check Return: _____

Please detail what steps you or your employees have taken to contact the passer and/or recover your loss:

Was the passer contacted YES NO If YES, by who: _____

When? _____

Where? _____

Result? _____

Has the passer attempted to make restitution YES NO If YES, please detail: _____

Have you successfully served a 10 Day Statutory Bad Check Notice on the passer? YES NO

If YES, how? _____

If NO, why not? _____

Do you feel that you have exhausted your ability to collect this check? YES NO

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

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

Name: _____ Date of Birth: _____ License Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____

Description of Check Passer: Sex: _____ Race: _____ Age: _____ Height: _____ Weight: _____

Name Given to You by Passer: _____

Address: _____

Passer's License Number _____ State: _____ Other I.D. Used: _____

Description of Automobile Involved (if any):

Make: _____ Model: _____ Color: _____

License Plate Number and State: _____

Name and Phone Number of any other person(s) who witnessed the transaction (if any):

PLEASE CIRCLE THE PROPER RESPONSE

Do you recall the transaction and/or what was purchased? YES NO If YES, describe: _____

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

As the person who accepted the check, can you identify the passer? YES NO If YES, how? _____

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What did the passer obtain in exchange for the check?

Credit for a Bill YES NO **Cash** YES NO Amount \$ _____

Services YES NO **Merchandise** YES NO

Describe: _____

Was the check postdated and/or did the passer ask you to hold the check to a future date? YES NO

Did you see the passer write the check and/or endorse the check? YES NO If YES, describe: _____

Did you initial, mark or write upon the check at the time you accepted it? YES NO

If YES, how? _____

Any other information that you feel would help in locating and prosecuting the passer: _____



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*** NOTICE***

The decision whether or not to prosecute this individual will be made by the **Prosecutor's Office** who will take into account numerous factors, including but not limited to, 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 criminal offenders not to collect debts.

If you agree to prosecute the suspect, you cannot drop the charges if she/he offers to pay the check.

I hereby understand and agree to all the information contained in this document to be used by and disseminated among all Law Enforcement Agencies, Prosecuting Attorney, and the Court. 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 RESITUTION WITHOUT NOTIFYING THE INVESTIGATING POLICE OFFICER.**

Signature of person making report: _____

Printed Name: _____

Date: _____

Reporting Officer: _____

Badge Number: _____ Reporting Date: _____