



BAD CHECK CRIME REPORT

5/18/05

**WILLIAM A. MUDGE
MADISON COUNTY STATE'S ATTORNEY**

FILE REPORTS BY MAIL TO: P.O. BOX 406, EDWARDSVILLE, IL 62025-0406
(postal address only)

VICTIM HOTLINE: (800) 753-4728 • REFER CHECK WRITERS TO: (800) 747-7921

PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK AND SIGN BELOW.

- 1. Was check post-dated at time of acceptance? Yes No
- 2. Was check received in the mail? Yes No
- 3. Does this matter involve a two-party check? Yes No
- 4. Were you asked to hold or delay depositing the check(s)? Yes No
- 5. Does the check involve an extension of credit? Yes No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the State's Attorney. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all boxes were checked "NO," please complete this report, date and sign it and forward to the above mailing address.

Prior to submission, the check MUST be processed by a bank two times with at least seven days between each processing.

A "Courtesy Notice" MUST be sent to the check writer via U.S. Certified Mail (see sample notice on reverse side).

On what date did you send notice? _____. Please attach documentation. Certified Mail Fees: \$ _____ Returned Item Fees: \$ _____

1 SUSPECT	Check writer's full name as written on check				
	Address(es)				
	City	State	Zip	Home Phone #	Other Phone #

Staple Documents Here	Driver's License #	State	Expiration date	Other ID
	How did you obtain the check writer's identification? <input type="checkbox"/> Driver's License <input type="checkbox"/> Police Report (# _____) <input type="checkbox"/> Check Cashing <input type="checkbox"/> Other _____		Was the check handed to you by someone other than check writer? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____	

2 CHECKS	Check #	Date Received	Amount	What was check for?	Person Accepting Check	Can person ID check writer?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
List Additional Checks On Another Form And Attach						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

3 VICTIM	Victim / Firm Name				Phone
	Victim Address		City	State	Zip
	Name of person filing				Phone
	Address where check was accepted if different from the above address				

I understand that I must **NOT** accept restitution from the check writer after filing this report with the Bad Check Program. Initial here _____

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person Filing

Print Name

Date Filed

FILING THE BAD CHECK CRIME REPORT:

Victims of bad checks may file a report form with the Madison County State’s Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The State’s Attorney’s office will seek full restitution for victims whenever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. “Restitution” refers to the face value of all checks listed in the report, along with all reasonable “returned item” charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. FILL OUT FORM COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF “COURTESY NOTICE,” “RETURNED ITEM” NOTICES FROM THE BANK (WITH FEES).** **COPY ALL INFORMATION FOR YOUR RECORDS.**
- B.** Mail this form directly to the Madison County State’s Attorney Bad Check Restitution Program (address listed below).
- C.** Once a report has been filed: **ALL restitution payments must be coordinated by the State’s Attorney’s Office.** Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (800) 747-7921.

AFTER FILING:

- A.** If you do not receive restitution within 60 days, contact the State’s Attorney’s Bad Check Restitution Program.
- B.** If restitution is not received from the check writer, your report will be evaluated for criminal prosecution.
- C. IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason the report is not prosecutable, the check(s) will be returned at your request.

SAMPLE “COURTESY NOTICE”
<p>Date</p> <p>Dear Check Writer:</p> <p>You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$25.</p> <p>Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State’s Attorney for criminal prosecution.</p> <p>Closing,</p> <p>Your name / address</p>

MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:
MADISON COUNTY STATE’S ATTORNEY BAD CHECK RESTITUTION PROGRAM
P.O. BOX 406, EDWARDSVILLE, IL 62025-0406
www.checkprogram.com/madisoncountyl