MEDINA COUNTY SHERIFF'S OFFICE

555 Independence Drive
Medina, OH 44256
330-725-0028

TERRY GRICE, SHERIFF

PROCEDURE FOR "BAD CHECKS"

Prepare two (2) copies of the sample letter below with the proper heading and a signature. Mail one copy in a plain envelope. Send it **CERTIFIED MAIL** with a **RETURN RECEIPT REQUESTED.**

After 14 days, call and make an appointment with the Medina County Sheriff's Office Detective Bureau at (330) 725-9116 between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday. Bring the following information with you:

1. Original of the letter you sent.
2. Post Office receipt of delivery.
3. The original check.

A Sheriff's Office incident report will then be prepared, an investigation completed, and a warrant will be requested through the Prosecutor's Office if the liability has not been discharged.

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

Dear Mr./ Mrs._____:

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

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

*** **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. ***

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REPORT

1. Your Business Name_____
2. Business Address_____ Business Phone _____
3. Person Making Report _____ Job title _____

   Home Address _____ Phone _____
4. Full Address of Business, Place where check was Accepted:

   _____
5. Check Number _____ Date Check Accepted _____ Amount _____
6. Name of Person who Presented the Check _____

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

1. Your Name _____
2. Home Address_____
3. Description of Passer: Race ____ Age_____ Sex____ Ht. _____ Wt. _____

   Hair Color _____ Hair length _____

   Name given to you by Passer _____

   Passer Claimed Employment at_____

   Address given_____

   Passer's Driver's License No. _____ State _____

   Other I.D. Used _____

4. Description of Automobile Involved (if any): Make _____
5. Model _____ Color _____
6. License Number and State _____
7. Name of Other Persons who Witnessed the Transaction and a Phone Number at which they can be reached: _____

   _____

   _____

PLEASE SELECT THE PROPER RESPONSE

1. Do you recall the transaction and/or what was purchased? YES or NO
2. Was the passer known to you? YES or NO
3. As the Person who accepted the check, can you identify the Passer? YES or NO

   If yes, How? _____
4. What did the Passer obtain in exchange for the check? (a) Credit for a Bill? YES or NO

   Merchandise? YES or NO (c) Cash? Yes or NO (d) Services? YES or NO

   Describe _____
5. Was the check postdated and/ or did the Passer ask you to hold the check until a future date? YES or NO
6. Did you see the Passer write the check and/or endorse the check? YES or NO
7. Did you initial, mark upon or write upon the check at the time you accepted it? YES or NO

TO BE COMPLETED BY THE PERSON MAKING THE REPORT

1. Please detail what steps you or your employee have taken to contact the suspect and/or recover your loss.

   (a) Was the Passer contacted? YES or NO By what person _____

   (b) When? _____

   (c) Where?
   _____

   (d) Result_____

   _

   _____

   _

2. Has the Passer attempted to make restitution? YES or No If so, Please Detail:

   _____

3. Have you successfully served a 10 day Statutory Bad check notice on the passer?

   YES or NO If yes, How? Certified Mail or Personal Service?

   If not Served, the reason why? _____

4. Do you feel that you have exhausted your ability to collect on this check? YES or NO

5. Do you feel that the passer of the check intended to defraud you when He /She passed the bad check? YES or NO

6. Have you retained an Attorney or turned this matter over to a collection agency in an attempt to collect the check? YES or NO If so who? _____

NOTE:

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

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 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 and not to collect debts.

If you agree to prosecute this Defendant, you cannot drop the charge if she/he offers to pay the check. If a criminal case cannot be proven, the check will be returned to you upon receipt.

I hereby understand and agree to all 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 Courts. 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 RESTITUTION WITHOUT** notifying the investigating Law Enforcement Officer.

SIGNATURE OF PERSON MAKING REPORT_____

DATED _____