



BAD CHECK REPORT

03/03/2017

KENT COUNTY PROSECUTING ATTORNEY'S OFFICE

Kent County Court Services Bad
Check Diversion

Program Contact:
(616) 632-5333

Program Address:
180 Ottawa Ave NW-Suite 2100
Grand Rapids, MI 49503

For more information: accesskent.com-Prosecuting Attorney

Step 1
Confirm Eligibility

The following types of checks are ineligible for the program:

- *Two-party checks
- *Partially re-paid checks
- *Fraudulent or stamped lost/stolen/forged
- *Payroll, rent, or credit card checks
- *Post/pre dated or altered checks
- *Checks you agreed to hold before depositing
- *Checks passed outside of Kent County
- *Checks which are repayment of loan or civil contract agreement

Step 2
Victim Information

Victim/Merchant Name: _____

Contact Name: _____ Title: _____

Victim Contact Information: Email: _____

(Required) Phone:(____)____-____ Fax:(____)____

• Email and/or fax are required for acknowledgement receipt of check and/or Program communication

Address: _____ City: _____ State: _____ Zip Code: _____

Per Michigan Statute you are entitled to receive protest fee of \$25.00 per check.

Step 3
Check Writer Information

Check Writer's Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone:(____)____-____ Other Phone:(____)____-____

Driver's License # / Other ID #: _____

State: _____ Date of Birth: ____/____/____

Other ID: (if applicable) _____

A "Statutory Notice" must sent to recover the bad check(s) in question to the check writer via U.S. Certified Mail including return receipt. If no attempt has been made, the check is not eligible for prosecution. (See statutory notice on back.)

Step 4
Check Information

Ck. No.	Date Passed	\$ Amount	Name of person accepting check <small>(if no longer employed please list manager)</small>	Can person ID check writer?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address where check was accepted (if different than above in Step 2): _____ (Required)

City: _____ State: _____ Zip Code: _____

Step 5
Victim Verification

- I will not accept direct payment from the check writer after filing this report with the Program. Please refer check writer to (866) 398-0757.
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Program.
- If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecution review.
- I attest that I have sent statutory notice to the check writer via U.S. Certified Mail including return receipt and after 5 days it remains unpaid.
- I have reviewed the filing instructions, I hereby affirm and attest that all information provided on this crime report is true to the best of my knowledge.

X _____

Signature of Person Filing (Required) Print Name of Person Filing Date Filed

Staple original or bank generated substitute check here

Sample "Statutory Notice"

Date

Dear Check Writer:

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. Pursuant to Michigan law you have 5 days from receipt of this notice to tender payment of the full amount of such check plus a protest fee of \$25, the total amount due being \$ _____.

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 Prosecuting Attorney for criminal prosecution.

Closing,

Your name / address

Bad Check Program Information

As a victim of a bad check you may file this report with the Kent County Prosecuting Attorney, provided there is sufficient information, and that the check meets all eligibility guidelines. The Kent County Prosecuting Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that the Program can make no recovery guarantees. By submitting the check to the program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Program. "Restitution" refers to the face value of all checks listed on this report.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment,
- A check issued by someone not competent or of legal age,
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check,
- A check issued to pay an obligation arising from an illegal transaction.

What to do after my report is filed with the Program

Filing Instructions

1. Fill out Crime Report
2. Attach copies of original or legal copies of all checks (including front and back of checks) and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "STATUTORY CERTIFIED NOTICE."
3. Mail Bad Check Crime Report and all other correspondence to:

Kent County Court Services Bad Check Diversion Program
180 Ottawa NW, Suite 2100
Grand Rapids, MI 49503

4. Once a crime report has been filed: ALL restitution payments must be coordinated by the Court Services. Should the check writer contact you to make payment, direct them to the Program at (616) 632-5333.

DO NOT ACCEPT PAYMENT DIRECTLY FROM CHECKWRITER.