

CLARK COUNTY WORTHLESS CHECK INFORMATION SHEET

To aid in the prosecution of worthless check cases, please fill out the following information and present it along with the original check to the Clark County District Attorney Office. **This form must be completed in its entirety.** If the information is not available please answer N/A. Partially completed forms will be returned for completion.

Name of person or business which accepted check: _____

Address: _____ Telephone Number: _____

Township, Village or City of: _____

Full name of individual who issued check: _____ DOB: _____

Address: _____ Telephone Number: _____

Type of identification presented when check was issued: _____

Name and address of individual who accepted check: _____

_____ Telephone Number: _____

Can the person who accepted the check personally (face to face) identify the person who wrote the check?

_____ If yes, what is the basis for the identification. _____

Did anyone else witness the transaction? _____ If so, who _____

Address: _____ Telephone Number: _____

What did the individual issuing the check receive at the time the check was written?

What was the reason the check was dishonored (returned by the bank)?

PLEASE COMPLETE THE FOLLOWING WITH A YES OR NO ANSWER:

1) Was the check postdated? _____

2) Was the check in payment of account? _____

3) Had partial payment been accepted? _____

4) Did you agree to hold the check? _____

5) Was payment stopped on the check? _____

6) Do you **now** (while you are completing this form) believe the person issuing you the check had a criminal intent at the time the check was issued that it would never be paid?

_____ If your answer to this question is "no" **stop here**, our office may not proceed

with the prosecution of this matter. For a district attorney to prosecute a criminal charge, criminal intent must be proven beyond a reasonable doubt. You should now consider civil collection, such as small claims. If your answer to this question is "yes" please give the reason or reasons for your belief (attach additional sheet if necessary).

7) Was the check issued to cover a prior worthless check? _____

8) Has the individual who issued the check been notified that the check was dishonored?
_____ If so, when? _____ How? _____

What attempts have been made to collect the funds from the individual who issued the check?

If no attempts have been made, why?

If a letter was sent, attach a complete copy of that letter and state the name of the person who sent the letter. If face-to-face contact was made state the date of contact, by whom contact was made and what was said. If telephone contact was made state the date of the contact, by whom the contact was made and what was said. Include any admission or defenses made by the individual who issued the check that he or she wrote the check and/or knew the check was no good at the time it was written. (You may attach additional pages if necessary.)

If you answered "yes" to any one of questions (1) (2) (3) (4) (5) or (7) of the above questions pursuant to section 943.24(4) Wis. Stats., this check **cannot** be prosecuted criminally, you may proceed civilly through a private attorney or personally in small claims court or through other civil proceedings. In addition, **it is understood and agreed that the check referred herein is being presented for criminal action and not collection.**

The undersigned, agents and employees authorize the District Attorney to institute criminal action against the individual who issued the check. It is understood that should the defendant desire to pay the amount of the check it will be accepted after first notifying the district attorney office. Payment may only be accepted in the form of cash or a money order – never another check. Payment of the check may be considered for mitigation or reducing punishment, but it is not a basis for dismissal.

I know that as a victim of a crime I have numerous rights but I am requesting that the district attorney office and the victim/witness office only notify me of the final outcome of the case and request that the Judge order the defendant to pay restitution. I want to be notified of all my rights and get notice of all hearings. Yes _____ No _____. If you do not check one of the boxes, we will only provide notification of disposition and we will still request your restitution.

Signature of individual referring check _____ Date _____

Manager, Agent or Employee and Title _____