

FILING THE BAD CHECK CRIME REPORT:

Victims of bad checks may file a report with the Marin County District Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The District 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 REPORT COMPLETELY.** Attach checks or check copies including front and back of checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "RETURNED CHECK NOTICE," "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES).** **COPY ALL INFORMATION FOR YOUR RECORDS.**
- B. Mail this report directly to the Marin County District Attorney Bad Check Restitution Program (address listed below).
- C. Once a report has been filed: **ALL restitution payments must be coordinated by the District Attorney's Office.** Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (866) 801-4889.

AFTER FILING:

- A. If you do not receive restitution within 60 days, contact the District Attorney 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 "RETURNED CHECK 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. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$____, 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 District Attorney for criminal prosecution.

Closing,
Your name/address

MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:

VICTIM SERVICES, INC. MAIL PROCESSING
MARIN COUNTY DISTRICT ATTORNEY BAD CHECK RESTITUTION PROGRAM
P.O. BOX 3050, SAN CLEMENTE, CA 92674-3050
www.checkprogram.com/marincountyca
Bad Check Restitution Program at (866) 801-4889