12/29/2016

BAD CHECK CRIME REPORT

EDWARD S. BERBERIAN, JR. MARIN COUNTY DISTRICT ATTORNEY

Victim Services, Inc. Mail Processing **Bad Check Program Address:** P.O. Box 3050 San Clemente, CA 92673-3050

Bad Check Program Contact: (866) 801-4883 - Merchant Hotline (866) 801-4889 - Check Writer Hotline

		F	or more	inform	ation:	che	eckprogr	am.	com/marii	ncountyca			
TO PREVI	ENT A DEL	AY IN FILING,	PLEAS.	E ENSU	URE ALI	FI	ELDS M	4RK	ED WITH	AN * ASTERIS	K ARE COMPI	LETED.	
PLEA	SE ANSW	ER THE FOLL	OWING	QUES'	TIONS,	PRI	NT ALL	INF	ORMATI	ON IN INK AN	D SIGN BELO	W.	
 Was check po Does this matt Was check rec 	ter involve	a two-party chec	k? □	Yes □	No 5. I					elay depositing t xtension of cred		□Yes □No □Yes □No	
A "YES" answer to claims court for instrailing address.													
Prior to	submission	, a "Returned (Check N	otice":	should b	e se	ent to the	che	ck writer	(see sample not	ice on reverse	side.)	
On what date did	you send n	notice?		_ Pleas	se attach	doc	umentati	on. (Certified n	nail fee:	Returned item	n fee:	
1	Check writer's full name as written on check												
1	Address(es)												
SUSPECT	City	State	State Zip				Home Phone #		Other Phone #				
Q 1	Driver's License #			State		Expiration date			Other ID				
Staple Documents Here	How did you obtain the check writer's identification? Driver's License Police Report (#) Check Cashing Card Other Do you need notification that this crime report has been accepted in program? Yes No If so, please indicate how you would prefer Mail Fax # Email									fer to be notified.			
2	Check # Date Amou Received			unt What wa					(If person ac	son Accepting Check epting check is no longer employed, ase list manager's name.)		Can person ID check writer?	
CHECKS												□Yes □No	
List Additional Checks On Another Form And Attach												□Yes □No	
												□Yes □No	
3 VICTIM (person filing) * Required Field For Processing	*WERE YOU ASSESSED BANK CHARGE(S) FOR THE ATTACHED BAD CHECK(S)												
	*Victim / Firm Name									*Fax			
	*Victim Address							*City		I	*State	*Zip	
	*Name of person filing						*Emai	*Email Address					
	*Address where check was accepted if different from the above address												
I understand that I	must <u>NOT</u> ac	cept restitution fro	m the che	ck writer	after filin	g th	is report w	ith th	e Bad Check	Program. Initia	ıl here		
I HAVE READ A	ALL FILING								<i>NALTY OF</i> Y KNOWL		AT ALL INFOR	RMATION IN	
Sign		Print Name						Date Filed					

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: <u>ALL</u> 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