



BAD CHECK COMPLAINT FORM

GARY D. WOODBURY

ELKO COUNTY DISTRICT ATTORNEY

FILE COMPLAINT FORMS WITH YOUR LOCAL LAW ENFORCEMENT AGENCY
VICTIM HOTLINE: 775-753-6438

DATE RECEIVED: _____ **COMPLAINT #:** _____ **AGENCY CASE #** _____

LAW ENFORCEMENT ONLY: ROUTING INFORMATION

REPORTING AGENCY: ELKO P.D. CARLIN P.D. W. WENDOVER P.D. SHERIFF

LAW ENFORCEMENT CASE #: _____ OFFICER: _____

PLEASE PRINT ALL INFORMATION IN INK AND SIGN ON REVERSE SIDE

TO HELP DETERMINE WHETHER YOUR COMPLAINT WILL BE ACCEPTED AS A CRIMINAL MATTER ANSWER THE FOLLOWING QUESTIONS:

- | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Was check post-dated at time of acceptance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Were you asked to hold or delay depositing the check (s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does this matter involve a two-party check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Does the check involve an extension of credit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was check received as payment on an account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Did you receive partial payment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for the Bad Check Diversion Program. It should be dealt with through small claims court or turned over for private collection. Do not proceed with filing a complaint. If all questions were answered "No", you may file a bad check complaint by completing the front and back sides of this form.

1 SUSPECT	Check writer's full name as written on check					
	Address (s)					
	City	State	Zip	Home Phone #	Other Phone #	
	SS #	Sex	Race	Date of Birth	Age	Height
					Hair	Eyes
	Weight	Driver's License #				
		State				
		Other ID				
	Unusual Features			Employer (if known)		
	Business Phone			Business Address		
Has check writer been notified by certified mail of return item? <input type="checkbox"/> Yes <input type="checkbox"/> No				Was the check handed to you by someone other than check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Suggested letter to check writer is provided with this complaint form.				Name: _____		
Certified Mail Fees: _____ Return Item Fees: _____				Address: _____		
2 CHECKS	Check #	Date of Check	Amount	What was check for?	Person accepting check	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
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
What did you write on the check at the time you received it?						
<input type="checkbox"/> Drivers License # <input type="checkbox"/> Check Cashing Card # <input type="checkbox"/> Your initials or identification # <input type="checkbox"/> Other						
3 VICTIM	Victim/Firm Name			Phone		
	Victim Address			City	State	Zip
	Name of person filing			Phone		
	Address where check was accepted if different from the above address					

IMPORTANT: FOLLOW REQUIREMENTS ON THE REVERSE SIDE OF THIS FORM

I. FILING THE COMPLAINT FORM:

Victims of bad checks may file a complaint form with the Elko County District Attorney Bad Check Diversion Program, provided there is sufficient information, and that the case meets all eligibility guidelines. The District Attorney's office will seek full restitution for victims wherever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no collection guarantees. "Restitution" refers to the face value of all checks listed in the complaint, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. **FILL OUT FORM COMPLETELY. COMPLAINT MUST BE SUBMITTED WITHIN 90 DAYS OF ACCEPTANCE.** Attach photocopies of check (s) and photocopies of all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, and "RETURNED ITEM" NOTICES FROM THE BANK. (RETAIN THE ORIGINAL CHECK AND CERTIFIED MAIL DOCUMENTS IN YOUR POSSESSION).
- B. File this form with your local Police Agency or Sheriff's Office in person or by mail. You may call 775-753-6438 to obtain additional forms.
- C. Use ONE REPORT FORM PER SUSPECT. If you have more than four checks to record, use an extra form and complete only section 2 and staple additional forms to the original.
- D. Once a complaint has been filed: ALL restitution payments must be collected by the District Attorney's Bad Check Program. Should the check writer contact you to make payment, direct them to the Bad Check Diversion Program.

2. AFTER FILING:

- A. If you do not receive restitution within 60 days, contact the District Attorney Bad Check Diversion Program.
- B. If restitution is not received from the check writer, your complaint will be evaluated for criminal prosecution.
- C. IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT. Please retain all original checks and other documents until you have received full restitution or the criminal prosecution has been completed.

3. AFFIDAVIT OF PERSON FILING COMPLAINT:

State of Nevada)

: ss.

County of Elko)

I, _____, depose and say that I have reviewed the above Bad Check Complaint form and declare the information therein is true, based on personal knowledge or information and belief, and declare under oath, and subject to the penalties of perjury, that the assertions contained in said Complaint Form are true and accurate.

I understand that I must **NOT** accept restitution from the check writer after filing this complaint with the Bad Check Program.

Dated: _____

Signature of Person Filing Complaint Form

Print Name _____

Subscribed and sworn before me this _____ day

of _____, 20 _____

NOTARY PUBLIC

Statement From Person Accepting Check

Statement of _____

Address _____

Work Address _____

On the _____ day of _____, 20 _____, I accepted check numbered _____, from _____

I know that the person who gave me the check is the same person that signed the check for the following reason:

- On the above date, I had the person who gave me the check provide me with a picture identification and his/her appearance matched the picture provided.
- I became familiar with the person who gave me this check because on prior occasion this person provided me with picture identification.
- I am personally acquainted with the check writer and would be able to identify him/her from a photo lineup.
- Other, please explain: _____

I represent that the above information is true and I understand that I would be subject to prosecution for furnishing false information to a police officer if the information I have provided is false.

Signature _____

Date _____

MAIL ALL CORRESPONDENCE TO:

**ELKO COUNTY
DISTRICT ATTORNEY
BAD CHECK DIVERSION PROGRAM
569 COURT STREET
ELKO, NV 89801
775-753-6438**

Date Letter Mailed: _____

NOTICE OF RETURNED CHECK (s)

To: _____

By this letter we wish to advise that the following described check (s), which you recently negotiated with us, has/have been returned for insufficient funds, having been written on a closed account, and/or you stopped payment thereon:

CHK NO.	DATE	AMT	BANK CHARGE	MAILING FEES	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL AMOUNT OF ALL CHECK, BANK CHARGES AND MAILING FEES: \$ _____

The applicable portions of NRS 205.132 and NRS 205.380 concerning non-sufficient fund, closed account, and/or stop-payment checks provide:

In a criminal action for issuing a check or draft against insufficient or no funds with the intent to defraud, that intent and knowledge that the drawer has insufficient money...with the drawee (the bank) is presumed to exist if... Payment of the instrument is refused by the drawee (the bank) when it is presented in the usual course of business, unless within ten (10) days after receiving notice of this fact from the drawee or holder, the drawer (the person who wrote the check) pays the holder of the instrument the full amount due plus any handling charges.

...[I] t is prima facie evidence of an attempt to defraud if the drawer of a check or other instrument given in payment for property which can be returned in the same condition in which it was originally received; rent; or labor;...stops payment on that instrument or fails to return or offer to return the property in that condition or to specify in what way the labor was deficient within five days after receiving notice from the payee that the instrument has not been paid by the drawee (the bank).

Based upon the above, we do hereby request and demand that within ten (10) days of your receipt of this Notice you remit in full the total amount of \$ _____ (as shown above) to the following address: _____

Should you fail to respond to this letter within the 10 day time limit, we will have no choice but to refer this matter to the Elko County District Attorney's Office with a request for CRIMINAL PROSECUTION.

SIGNATURE

TYPED OR PRINTED NAME OF SIGNATOR

NOTE TO MERCHANT: Mail completed original of this letter to the "Bad-Check" Maker, at the address on the check, by certified mail, return receipt requested. Keep the yellow copy as potential evidence.