

**IOSCO**

**COUNTY**

## OFFICE OF PROSECUTING ATTORNEY

GARY W. RAPP  
PROSECUTING ATTORNEY

ASSISTANT PROSECUTOR

IOSCO COUNTY COURTHOUSE  
PO BOX 548  
TAWAS CITY, MI 48764  
PHONE 989-362-6141  
FAX 989-984-1106

## CHECK POLICY FOR IOSCO COUNTY

This policy establishes guidelines to be used by all law enforcement agencies in Iosco County when a business or a citizen requests an investigation of a check law violation.

### IDENTIFICATION

1. Identification of the check writer is crucial to prosecution of check complaints. Proper Identification (i.e. photo ID, drivers license) **MUST** be obtained from the check writer at the time the check is accepted. Checks presented to the police **MUST** bear the following information:
  - a) Check writers operator's license number or photo identification number.
  - b) Check writers Date of Birth, Race, and Sex.
  - c) Identity of the person accepting the check.
  - d) Person accepting the check **MUST** write a), b), c) above on the check being accepted.
  - e) Work and/or home address and telephone number of check writer.

### FIVE DAY NOTICE

1. Complainant is responsible for sending the required five (5) day notice. You may obtain a copy of a five-day notice from any local law enforcement agency. Also, attached is a copy of the 5-day notice.
  - a) Delivery of this document **MUST** be **Restricted Return Receipt** to the writer of the check.

### TIME

Iosco law enforcement agencies shall **NOT** initiate an investigation in check cases where more than 90 days have passed from the date the check was accepted.

### FORMS

The attached form (Worthless and Forged Document Information Sheet) **MUST** be filled out in its entirety for each bad check. Before turning the originals over to your local law enforcement agency, please retain a copy of this form, the 5-day notice, and a copy of the check (front & back) for your records.

## **CIVIL TRANSACTIONS**

The following types of checks **SHALL NOT** be accepted for prosecution:

- a) Post dated checks or request to hold checks.
- b) Two party checks.
- c) Checks tendered as deposits.
- d) Checks for which partial payment has been accepted.

## **OUT-OF-STATE CHECKS**

Out-of-state checks present a unique problem for prosecution as an out-of-state bank representative is necessary in order to prosecute these cases; if a 5-day notice is not served. Individuals/Merchants are encouraged not to accept of-of-state checks. If the amount of the check does not exceed \$200.00, the writer out-of-state check cannot be extradited.

## **CHECKS RECEIVED IN THE MAIL**

Identification of the writer of these types of checks at the time of writing is impossible. An investigation can be conducted, but if the individual does not admit to writing the check, it will be extremely difficult to prosecute. Individual/Merchants are encouraged not to accept checks as payment through the mail; require Money Orders or Certified Checks instead.

## **DURATION OF CASE**

Once a check is turned over to the police, the case will proceed through the criminal justice system. Law enforcement is **NOT** a collection agency for individuals or businesses. A case will **NOT** be dismissed because the check is paid off. When business/individuals are served a subpoena to testify they are expected to appear. Failure to appear pursuant to a subpoena will result in a show cause why the business/individual should not be held in contempt of court. That business/individual will risk the possibility that bad checks will no longer be prosecuted.

# WORTHLESS & FORGED DOCUMENT INFORMATION SHEET

Complaint # 365-\_\_\_\_\_

File Class: 26006\_\_\_\_\_

Date: \_\_\_\_\_

**COMPLAINT INFORMATION** (person reporting to police):

Name \_\_\_\_\_ DOB \_\_\_\_\_

(First)

(Middle)

(Last)

Home Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Work Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ work: \_\_\_\_\_

**VICTIM INFORMATION** (person/business losing money due to check(s)):

Name \_\_\_\_\_ DOB \_\_\_\_\_

(First)

(Middle)

(Last)

Home Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Work Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ work: \_\_\_\_\_

**PERSON ACCEPTING CHECK:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

(First)

(Middle)

(Last)

Home Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Work Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ work: \_\_\_\_\_

**SUSPECT INFORMATION** (person writing check):

Name \_\_\_\_\_ DOB \_\_\_\_\_

(First)

(Middle)

(Last)

Home Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Work Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ work: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**Date Check Received:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_ **Time Received:** \_\_\_\_\_

Was the check marked by recipient (i.e.: initials)?

☐ Y☐ N

Can recipient identify suspect?

☐ Y☐ N

Was picture identification produced?

☐ Y☐ N

Was picture identification checked for a match to person cashing?

☐ Y☐ N

Type of identification and identification number: \_\_\_\_\_ / \_\_\_\_\_

Type of purchase? (Cash, merchandise, etc.) \_\_\_\_\_

**5-Day notice:**

Date notice sent by registered/restricted delivery mail: \_\_\_\_\_ Who sent notice? \_\_\_\_\_

Date return receipt received from Post Office: \_\_\_\_\_ Who signed for the 5-day notice? \_\_\_\_\_

Bank/Credit Union drawn upon: \_\_\_\_\_ Reason check returned: \_\_\_\_\_

Passed by or name used: \_\_\_\_\_ Made payable to: \_\_\_\_\_

Other witnesses: \_\_\_\_\_

TAWAS POLICE AUTHORITY

Mark Ferguson, Chief of Police

810 W. Westover Street

East Tawas, MI 48730

989-362-7718

**NOTICE TO SENDER:** THIS **FIVE-DAY NOTICE** MUST BE SENT BY CERTIFIED MAIL, RETURN RECEIPT DELIVERABLE TO ADDRESSEE ONLY TO THE SUBJECT WHO MADE THE CHECK (RESTRICTED DELIVERY).

DD-25 (Rev. 10-78) 6/02/04 Rev. 12/04/jb  
COPY OF THIS NOTICE SHOULD BE KEPT BY SENDER

TO

**BAD CHECK  
NOTICE**

THIS IS TO INFORM YOU THAT I AM IN RECEIPT OF A CHECK ALLEGED TO HAVE BEEN WRITTEN BY YOU.

DATED	MADE PAYABLE TO	NAME OF BANK DRAWN ON	AMOUNT

THIS CHECK WAS PRESENTED TO ME IN THE USUAL COURSE OF BUSINESS, AND WAS RETURNED TO ME FROM THE ABOVE SAID BANK MARKED:

☐ INSUFFICIENT FUNDS ☐ ACCOUNT CLOSED

IN ACCORDANCE WITH THE MICHIGAN STATUE YOU ARE HEREBY GIVEN FIVE (5) DAYS NOTICE THAT SAID CHECK HAS NOT BEEN PAID, AND IF YOU SHALL NOT HAVE PAID THE AMOUNT DUE THEREON WITHIN FIVE (5) DAYS OF RECEIPT OF THIS NOTICE, THIS SHALL SERVE AS EVIDENCE OF INTENT TO DEFRAUD, AND A REQUEST TO THE OFFICE OF THE PROSECUTING ATTORNEY TO TAKE CRIMINAL ACTION WILL BE MADE BY ME.

SIGNED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

**NOTICE TO SENDER:** THIS **FIVE-DAY NOTICE** MUST BE SENT BY CERTIFIED MAIL, RETURN RECEIPT DELIVERABLE TO ADDRESSEE ONLY TO THE SUBJECT WHO MADE THE CHECK (RESTRICTED DELIVERY).

DD-25 (Rev. 10-78) 6/02/04 Rev. 12/04/jb  
COPY OF THIS NOTICE SHOULD BE KEPT BY SENDER

TO

**BAD CHECK  
NOTICE**

THIS IS TO INFORM YOU THAT I AM IN RECEIPT OF A CHECK ALLEGED TO HAVE BEEN WRITTEN BY YOU.

DATED	MADE PAYABLE TO	NAME OF BANK DRAWN ON	AMOUNT

THIS CHECK WAS PRESENTED TO ME IN THE USUAL COURSE OF BUSINESS, AND WAS RETURNED TO ME FROM THE ABOVE SAID BANK MARKED:

☐ INSUFFICIENT FUNDS ☐ ACCOUNT CLOSED

IN ACCORDANCE WITH THE MICHIGAN STATUE YOU ARE HEREBY GIVEN FIVE (5) DAYS NOTICE THAT SAID CHECK HAS NOT BEEN PAID, AND IF YOU SHALL NOT HAVE PAID THE AMOUNT DUE THEREON WITHIN FIVE (5) DAYS OF RECEIPT OF THIS NOTICE, THIS SHALL SERVE AS EVIDENCE OF INTENT TO DEFRAUD, AND A REQUEST TO THE OFFICE OF THE PROSECUTING ATTORNEY TO TAKE CRIMINAL ACTION WILL BE MADE BY ME.

SIGNED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_