



BAD CHECK CRIME REPORT

MIAMI-DADE COUNTY STATE ATTORNEY

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Revised: 6/23/08

Bad Check Program Address:
 P.O. Box 350160
 Miami, FL 33135-0160

Bad Check Program Contact:
 (800) 832-1853 - Merchant Hotline
 (800) 832-7361 - Check Writer Hotline
 (Please refer check writer to the "check writer" hotline)

For more information: miamisao.com

Step 1
 Confirm Eligibility

1. Was check post-dated at time of acceptance? Yes No 4. Does this matter involve a three-party check? Yes No

2. Was check received in the mail? Yes No 5. Has check been partially re-paid? Yes No

3. Were you asked to hold or delay depositing the check(s)? Yes No 6. Is this a credit card check? Yes No

If all boxes were checked "YES" to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the State Attorney. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all boxes were checked "NO," please complete crime report, have it notarized and forward to the above mailing address.

Step 2
 Victim Information

Victim/Merchant Name: _____

Contact Name: _____ **Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Victim Contact Information: **Email:** _____
 (Required) **Phone:**(_____) _____ **Fax:**(_____) _____

• Email and/or fax are required for acknowledgement receipt of check and/or Program communication

Step 3
 Check Writer Information

Check Writer's Name: _____

Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (_____) _____ **Other Phone** (_____) _____

Was the check handed to you by someone other than check writer? Yes No

Name: _____ Address: _____

How did you obtain the check writer's identification?
 Driver's License Police Report (# _____) Check Cashing Other _____

Driver's License # / Other ID #: _____

State: _____ **Date of Birth:** ____/____/____ **Expiration Date:** ____/____/____

Other ID (If applicable) _____

SS #: _____ **Sex:** _____ **Race:** _____

Height: _____ **Hair:** _____ **Eyes:** _____ **Weight:** _____

Step 4
 Check Information

Check #	Date of Issue	Amount	What was check for?	Date Received Consideration	Name of 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

Address where check was accepted (if different than above in Step 2): _____ (Required)

City: _____ **State:** _____ **Zip Code:** _____

Step 5
 Affidavit of Mailing & Victim Verification
 Must Be Notarized

AFFIDAVIT OF MAILING

I, _____ do hereby swear or affirm that I sent the statutorily required notice to check writer, _____ at _____, the address on check or given at issuance. The notice was mailed, on the _____ day of _____, 20____, by first-class United States Mail.

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

X _____
Signature of Person Filing (Required) **Print Name of Person Filing** **Date Filed**

Sworn and subscribed before me this _____ day of _____ 20____

Notary Public _____ **Seal** _____

Staple original or bank-generated substitute check here

Worthless Check Florida statutes 832. 05

Date _____

Dear _____ check writer:

You are hereby notified that check numbered _____ in the face amount of \$ _____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. Pursuant to Florida Law you have **15 days from the date of this notice to tender payment** of the full amount of such check, plus a service charge of \$25, if the face value does not exceed \$50; \$30, if the face value exceeds \$50 but does not exceed \$300; \$40, if the face value exceeds \$300 or an amount of up to 5% OF THE FACE AMOUNT OF THE CHECK, WHICHEVER IS GREATER. The total amount due being: _____ Dollars and _____ cents.

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 State Attorney for criminal prosecution review. You may be additionally liable in a civil action for triple the amount of the check, but in no case less than \$50, together with the amount of the check, a service charge, court costs, reasonable attorney fees, and incurred bank fees, as provided in s.68.065

Person/Firm _____

Giving notice _____

Address _____

City, State, Zip _____

Bad Check Program Information

As a victim of a bad check you may file this report with the Miami-Dade County State Attorney Bad Check Restitution Program, provided there is sufficient information, and that the check meets all eligibility guidelines. The Program will seek full restitution for victims whenever possible; however, please keep in mind that the Program can make no recovery guarantees. By submitting the check to the Program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Program. "Restitution" refers to the face value of all checks listed on this report.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment.
- A check issued by someone not competent or of legal age.
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check.
- A check issued to pay an obligation arising from an illegal transaction.
- **I understand that the check writer has the option to dispute this claim in writing with the Bad Check Restitution Program.**

What to do after my crime report is filed with the Program

- Please **do not** accept direct payments from check writers, unless directed by the State Attorney's Office or the Courts. Should the check writer contact you to make payment, refer them to the Check Writer Hotline at (800) 832-7361.
- You may contact Merchant Care for case updates at (800) 832-1853 or miami-dade@checkprogram.com at anytime.
- Please allow us a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not "eligible" for prosecution, your check will be returned to you.

Filing Instructions

1. Fill out Report Completely.
2. Attach checks and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "STATUTORY NOTICE," RECEIPTS OR INVOICES.
3. Mail Bad Check Crime Report and all other correspondence to:
Miami-Dade County State Attorney Bad Check Restitution Program
P.O. Box 350160, Miami, FL 33135-0160
4. Once a report has been filed, ALL restitution payments must be coordinated by the State Attorney Bad Check Restitution Program. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (800) 832-7361.
DO NOT ACCEPT PAYMENT DIRECTLY FROM CHECKWRITER, UNLESS DIRECTED BY THE STATE ATTORNEY'S OFFICE OR THE COURTS.