

SCOTT COUNTY CHECK THEFT PROGRAM
WILLIAM E. DAVIS, COUNTY ATTORNEY
PHONE (563) 326-8283

Dear Merchant:

Thank you for your interest in the Scott County Check Theft Program. This program is free to Scott County businesses. Enclosed please find a Merchant's Agreement and a Complaint Form. The Merchant's Agreement states the regulations of the Scott County Check Theft Program. Feel free to make copies of the Complaint Form to use on future checks.

The first step is to present the check for payment on two (2) occasions at least seven (7) days apart. Second, try to contact the person by mail or phone demanding payment, which includes the amount of the check plus bank fees, (a certified demand letter is preferred). Then, send the completed Complaint Form, the signed third page of the Merchant's Agreement, the original check and the certified green card or demand letter to the address listed on the Merchant's Agreement.

We will send the check writer a First Notice, which states they have 10 days to pay. After the 10 day period, we will send a Final Notice giving them 10 more days to pay with an additional \$65.00 educational class fee added. The offender will have to take a Check Offender class to divert them from writing bad checks in the future. If we do not receive a response from the offender or a payment, we will issue a warrant for their arrest.

Payments or restitution can only be paid to the Scott County Theft Check Program. Please do not accept payments or restitution from the offender. Payment will be made to you within a week of receipt.

Before sending in a check, please confirm that your check is eligible for our program. This program only pertains to Non-Sufficient Funds and Closed Account checks.

A check is eligible if:

- ◆ It was received in Scott County and deposited in a bank in exchange for goods or services presumed "good" at the time of acceptance.
- ◆ A collection attempt by the merchant can be documented, in which the check writer was given at least 10 days to make the check good.
- ◆ A photo I.D. (driver's license, military I.D., or state identification card) was recorded at the time of the transaction.
- ◆ The amount is no more than \$5,000 (or multiple checks by the same person do not add up to more than \$5,000). There is no minimum limit.
- ◆ It is submitted to the Check Theft Program within 180 days from the date on the check.

A check is ineligible if:

- ◆ It is a stop-payment check.
- ◆ It is post-dated.
- ◆ Both parties knew there were insufficient funds at the time of the transaction.
- ◆ It is a 2-party, government, or payroll check.
- ◆ The identify of the check writer is unknown.
- ◆ There is no amount or signature on the check.

If you have any questions, please do not hesitate to call (563) 326-8283. Thank you for choosing the Scott County Check Theft Program.

Sincerely,

William E. Davis
Scott County Attorney

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Merchant's Agreement

Any merchant or individual who receives an "account closed" or "non-sufficient funds" ("NSF") check may use the **CHECK OFFENDER PROGRAM** (C.O.P.). There is no cost to you to use the program. The program is completely paid for by the check offenders.

1. You are the first line of defense in this problem, therefore, your roles are as follows:

Require that your clerks take precautions when accepting checks.

- a) Obtain TWO forms of an I.D., photo I.D.'s are best – Driver's License, business check cashing card, etc., and be sure that the clerk writes these I.D. numbers on the check. (A firearm owners I.D. card by itself is not sufficient).
 - b) Check cashing cards are appropriate, but only if the presenter of the card is in fact the person named on the card.
 - c) It is very important to compare the I.D. picture and the person who is presenting the check.
 - d) Verify the correct address and telephone number and make any corrections on the check.
 - e) Be sure that the clerk puts his or her initials on the check to show who made identification.
 - f) Do not accept non-personalized checks or counter checks.
 - g) Do not accept a post dated check and never agree to hold a check.
 - h) Never cash a two-party check or a check made out to someone else other than you or your business.
 - i) Take extra precaution on accepting checks written on new accounts, generally checks numbered less than #500.
 - j) Be sure all writing on the check is legible.
 - k) To reduce losses, you may choose to implement a policy of accepting checks for only the amount of merchandise purchased.
2. If the check bounces, you should call the check writer. If you are unable to speak directly with the offender, you must send the check writer a **DEMAND LETTER** for payment plus any service charge your store charges. Many bad checks are a result of careless bookkeeping, and a letter from you will solve the problem.
3. If you do not receive payment after the phone call or demand letter deadline, you may choose to utilize the **CHECK OFFENDER PROGRAM** for **NSF** and **account closed cases**. Normally, **stop-payment checks** must be pursued through civil or small claims court.

To participate in the **CHECK OFFENDER PROGRAM**, you must completely fill the Intent to Prosecute Form and attach it to each original check and forward it within 60 days of receiving the check to: **CHECK OFFENDER PROGRAM**, P.O. Box 3788, Rock Island, IL 61204 – **by mail only**.

4. Direct all inquiries about the check(s) that you have submitted to the C.O.P. Office by calling (563) 326-8283. Because of the confidential nature of the subject matter, only the undersigned or authorized representative will be provided the information.
5. Once a check has been turned over the C.O.P. Office, **you cannot accept payment or restitution** on the bad check directly from the offender. Restitution and appropriate fees can only be paid to C.O.P. The offender who wishes to pay on a check, which has been sent to C.O.P., should be directed to call (563) 326-8283, or mail payment by money order and/or certified check only to: Scott County Check Theft Program, P.O. Box 3788, Rock Island, IL 61204
6. The person signing this agreement has been provided a copy of the Check Policy of the **CHECK OFFENDER PROGRAM**.
7. Any failure to abide by this agreement will result in the discontinuance of a merchant's or individual's participation in the **CHECK OFFENDER PROGRAM**.
8. Restitution received from the check writer will be forwarded by the C.O.P. Office to the merchant upon full payment.
9. Once a check has been turned over to the C.O.P. Office, you may not commence civil legal proceedings in circuit court against the offender without the express written consent of the **CHECK OFFENDER PROGRAM**.
10. This agreement may be amended from time to time by the C.O.P. and such amendments shall be effective upon mailing of a notice to the undersigned party.
11. The undersigned acknowledges this is a voluntary program sponsored by the Scott County Attorney's Office. No liability is assumed by the above parties in connection with this program nor are said parties guaranteeing the payment or collection of any amounts from the offender. The undersigned's only remedy shall be to request return of the check from the program.

The undersigned individual/business agrees to abide by the guidelines of the Scott County Check Offender Program and the Check Policy of the Scott County Attorney's Office.

Name of business or individual _____
Business Phone _____
Business Address _____
Type of Business _____
Date: _____ Signed: _____
Print Name: _____
Title: _____

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The undersigned acknowledges this is a voluntary program provided by the Scott County Attorney's Office. No liability is assumed by the above parties in connection with this program nor are said parties guaranteeing the payment or collection of any amounts for the offender. The only remedy will be to request return of the check from the program.

Signature

Date

Please return to:
Scott County Check Theft Program
P.O. Box 3788
Rock Island, IL 61204

SCOTT COUNTY CHECK THEFT PROGRAM

P.O. Box 3788
Rock Island, IL 61204
PHONE (563) 326-8283

DATE: _____

The following form must be completely filled out for each check submitted to the County Attorney's Office. However, if you have received more than one check on the same individual, please provide all information for all checks on the same form. Each blank must be answered. If the information is not known, write N/A in the blank. Before a warrant is authorized, you must be able to identify the maker of the check and a driver's license number or a current address must be shown. You must also supply us with the original checks and a ten-day certified letter.

Name of person filing complaint form _____
Business name _____
Street Address _____
City/State/Zip _____
Business Phone _____ Have you filed a claim before? Yes No

Person accepting check _____
Name _____ Position _____

Check number _____ Amount _____ Date _____
Reason check was returned (NFS, Account Closed, other) _____
Check signed by _____
Street Address _____
City/State/Zip _____
Identification (Driver's license #, SSN, DOB, etc.) _____
Check(s) made payable to _____
Bank check(s) were drawn on _____
If more than one check, please use reverse side.

Please complete the following:	Yes	No
Was the check post dated?	_____	_____
Was the check payment on account?	_____	_____
Any agreement to hold check?	_____	_____
Has 10 day certified letter been sent?	_____	_____
Was check accepted for cash?	_____	_____
Was check accepted for merchandise?	_____	_____
Was check accepted for labor?	_____	_____
Was check accepted for services?	_____	_____
Was check accepted for payment due?	_____	_____
What attempts have been made by you to collect on this check?	_____	

It is understood and agreed that the check here attached is being presented for possible criminal action by the County Attorney's Office and the undersigned. Its agents and employees will cooperate in the prosecution of the crime herein and will not request that the complaint on the check be dismissed. I understand that once a warrant is issued, I do not have the option of dismissing the criminal action. The facts above are hereby certified as true by the undersigned.

DATE: _____ SIGNATURE: _____