

## SCOTT COUNTY CHECK THEFT PROGRAM

Phone (563) 326-8283 <http://www.scottcountyiowa.com/attorney>

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 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 of 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 \$60.00 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. **Date of birth must be written on check.**
- 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 60 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 identity 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,

Scott County Attorney

## MERCHANT'S AGREEMENT

Any merchant or individual who receives an "Account Closed" or "Insufficient Funds" check may use the County Attorney's Check Theft Program. The Program is completely funded by the check offenders. The following outlines the merchant's or individual's responsibility in handling bad checks through the Check Theft Program:

- 1.) If a 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 charges that apply. Many bad checks are the result of careless bookkeeping and a letter from you may solve the problem.
- 2.) If you do not receive payment after the phone call or demand letter deadline, you may choose to utilize the CHECK THEFT PROGRAM for "NSF" and "ACCOUNT CLOSED" cases. Normally, "stop payment" checks must be pursued through civil or small claims court.
- 3.) To participate in the Check Theft Program, you must completely fill in the Check Complaint form and attach it to the original check and forward it within 60 days of receiving the check to: Scott County Check Theft Program, P.O. Box 3788, Rock Island, IL 61204.
- 4.) Once a check has been turned over to the Check Theft Program, you can not accept payment or restitution on the bad check directly from the offender. Restitution and appropriate fees can only be paid to the Check Theft Program. An offender who wishes to pay on a check which has been sent to the Program should be directed to call (563) 326-8283.
- 5.) Once a Check has been turned over to the Check Theft Program, you may not commence civil legal proceedings in Circuit Court against the offender without the expressed written consent of the Check Theft Program.
- 6.) Failure to abide by this agreement may result in the discontinuance of a merchant's or individual's participation in the Check Theft Program.
- 7.) This agreement may be amended from time to time by the Check Theft Program and such amendments will be effective upon mailing of a notice to the undersigned party.
- 8.) Direct all inquiries about the checks(s) that you submit to the Check Theft Program to:
  - a. Call (563) 326-8283 or visit <http://www.scottcountyiowa.com/attorney>
  - b. Write: Scott County Check Theft Program, P.O. Box 3788, Rock Island, IL 61204.
  - c. Because of the confidential nature of the subject matter, only the undersigned or authorized representative will be provided the information.

The undersigned acknowledges that the Scott County Check Theft Program 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 of collection of any amounts from the offender. The only remedy will be to request return of the check from the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Retain a copy of this agreement and return the original 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 (563) 326-8283

<http://www.scottcountyiowa.com/attorney>

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

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Person accepting check \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_

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Check number \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Reason check was returned (NSF, Account Closed, other) \_\_\_\_\_  
Check signed by \_\_\_\_\_  
Street address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Identification (Driver's License # **and**, Date Of Birth) \_\_\_\_\_  
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 are hereby certified as true by the undersigned.

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