



**Village of Menomonee Falls
Police Department**

W156 N8480 Pilgrim Road
Menomonee Falls WI 53051-3140

Non Emergency Telephone: 262.532.8700 FAX 262.532.8769
Website: www.menomonee-falls.org

Investigation and Prosecution of Worthless Check Cases

In an effort to assist you in dealing with problems related to worthless checks, the **Menomonee Falls Police Department** has prepared this packet of information and forms. If, after reviewing this material, you have questions or problems that are not addressed, you may contact a detective for assistance by calling 532-8730.

You have been provided separate procedures to use depending on your loss.

1. Follow the **FELONY** procedure if the check is in an amount of **\$2500.00** or more; or, if a series of checks from a single source written within a 90-day period equal or exceed **\$2500.00** when added together.
2. Follow the **MUNICIPAL** procedure if the check or checks amount to **more than \$1000.00** but **less than \$2500.00** from a single source written within a 90-day period.
3. Follow the **Waukesha County District Attorney's** procedure for **all** checks that amount to less than **\$1000.00** from a single source written within a 90-day period.

When you follow the procedure utilizing the attached material please be sure to follow all the procedural steps and complete all the forms.

After you have completed all the steps and if the Menomonee Falls Police Department will be conducting the investigation, contact the Investigative Services Unit at 532-8730 between the hours of 8:00AM and 3:00PM (Monday through Friday) to make an appointment with a detective.

Your cooperation will assist us in properly handling your case. Thank you for your assistance.

PD3020A- (05/2013)



The Menomonee Falls Police Department is accredited by the Wisconsin Law Enforcement Accreditation Group



MUNICIPAL PROCEDURE FOR PROCESSING WORTHLESS CHECK COMPLAINTS

Check(s) amount to more than \$1000.00, but less than \$2500.00 in a 90-day period

INTRODUCTION:

The following procedure has been developed in conjunction with the Municipal Court of Menomonee Falls to be utilized for the handling of worthless check cases where the total amount of worthless check(s) issued from a single source does not exceed \$2500.00.

STEP 1: Implement Sound Check Cashing Procedures:

An ounce of prevention goes a long way in preventing problems with worthless checks. Be sure that you have implemented good business practices and have trained your employees in check cashing procedures. Good identification practices will greatly assist in prosecution and recovery of losses in bad check cases.

The Municipal Court of Menomonee Falls will only attempt to obtain restitution or prosecution for the issuance of a worthless check when the check is used as payment for a current consideration and the receiver of the check has received identification. (i.e. Driver's License, Wisconsin Identification Card, Check Cashing Identification, etc.)

STEP 2: Demand For Payment:

Before you submit a worthless check to the Menomonee Falls Police Department for processing, you must send a certified letter to the issuer demanding payment within five days. It is recommended that you do this as soon as possible. Your letter should be clear and to the point. It is preferred that you use the U.S. Postal Service and obtain a signed receipt (green card) of delivery.

If you must use personal service of your written demand for payment, an affidavit of service should be completed.

NOTICE

TO: _____ DATE: _____

The following check(s) has/have been returned dishonored by the bank for the reason(s) indicated:

<u>MADE PAYABLE TO</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>DRAWN ON</u>	<u>DISHONORED BECAUSE</u>

PLEASE TAKE NOTICE that in the event the amount due on this/these check(s) is not paid by Cash, Certified Check or Money Order, to the undersigned within **FIVE (5) DAYS** from the date of this **Notice**, it shall be presumed the check(s) was/were issued without intent to pay and same will be referred to the Menomonee Falls Police Department for prosecution. **THIS IS YOUR FIVE (5) DAY WRITTEN NOTICE pursuant to Section 943.24 Wisconsin Statutes.**

Signature

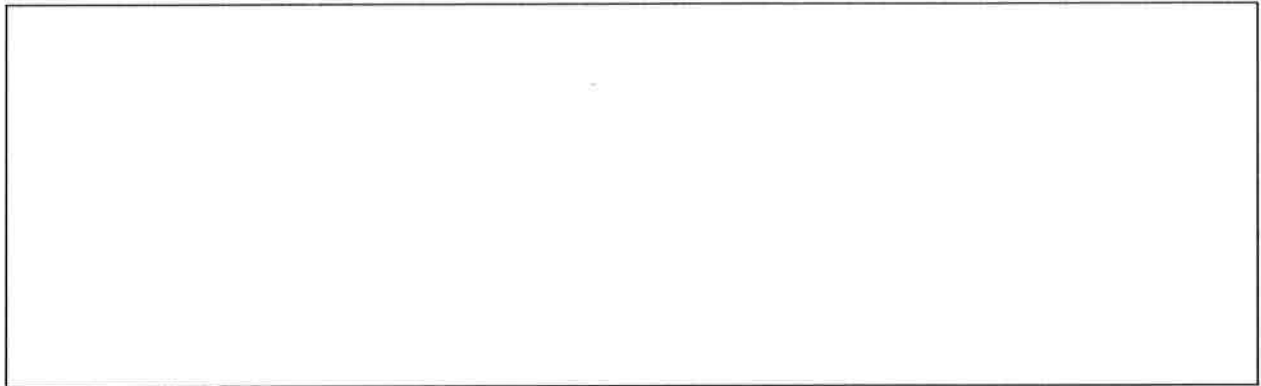
MAKE PAYMENT TO:

NAME:

ADDRESS:

PHONE:

VERIFICATION FORM



This is to certify that the above check was accepted by me as payment on _____ for _____ while I was working as a _____ at:

Name of Store: _____

Address: _____

City: _____

Identification Used:

_____ **Known from past contact** Name: _____
(Signature)

_____ **Store Check Cashing Card** Name: _____
(Print)

_____ **Drivers License** Date of Birth: _____

_____ **Other** Home Address: _____
City: _____
Home Phone: _____
Date: _____

COMPLAINANT

Name _____
Home Address _____
Home Phone _____
Job Title _____

FIRM

Name _____
Address _____
Telephone _____

PERSON PASSING CHECK

Name _____ Age _____
Address _____
I.D. Used _____ Driver's License # _____
Description: Race _____ Sex _____ Height _____ Weight _____
Hair _____ Eyes _____ Glasses _____ Other _____

PERSON ACCEPTING CHECK

Name _____
Home Address _____
Home Phone _____
Job Title _____
Witnessed writing of check: _____ YES _____ NO

INCIDENT

(Circle One)

Address _____ City / Town / Village _____
Date Check Passed _____
Check # _____ Date _____ Bank _____
Payee _____ Amount _____ Maker _____
Account # _____ Reason Returned _____
Check issued for: Cash _____ Amount \$ _____ Goods _____ Amount \$ _____
Is passer previously known? _____ Passer can positively be identified by _____

COMPLETE THE FOLLOWING (Check if Applicable)

Check was postdated _____ Firm agreed to hold check _____
Partial payment has been accepted _____ Check was for prior consideration _____
Check was payment on rent or open account _____ Check has prior endorsement _____

5-DAY NOTICE AND DEMAND

Notice sent by registered mail _____ Accepted _____
Describe other demands made _____

We hereby authorize the Menomonee Falls Police Department to institute action against the maker of the check. It is understood that should the defendant desire to pay the amount of the check, payment will be refused until such time as authorized by the Menomonee Falls Police Department. Payment of the check may be considered for mitigation or reducing punishment, but not as a basis for dismissal.

Date _____ Print Name _____

Signature _____

FELONY PROCEDURE FOR PROCESING WORTHLESS CHECK COMPLAINTS

Check is in an amount of \$2500.00 or more or series of check(s) within a 90-day period from a single source equal or exceed \$2500.00

STEP 1: Implement Sound Check Cashing Procedures:

An ounce of prevention goes a long way in preventing problems with worthless checks. Be sure that you have implemented good business practices and have trained your employees in check cashing procedures. Good identification practices will greatly assist in prosecution and recovery of losses in bad check cases.

The Waukesha County District Attorney's Office will only attempt to obtain restitution or prosecution for the issuance of a worthless check when the check is used as payment for a current consideration and the receiver of the check has received identification. (i.e. Driver's License, Wisconsin Identification Card, Check Cashing Identification, etc.)

STEP 2: Demand For Payment:

Before you submit a worthless check to the Menomonee Falls Police Department for processing, you must send a certified letter to the issuer demanding payment within five days. It is recommended that you do this as soon as possible. Your letter should be clear and to the point. It is preferred that you use the U.S. Postal Service and obtain a signed receipt (green card) of delivery.

If you must use personal service of your written demand for payment, an affidavit of service should be completed.

STEP 3: Referral For Prosecution:

If your demand for payment is not honored within five days the attached check verification form and complaint authorization should be completed and brought in to the police department when you come in to discuss your case.

The employee who accepted the original check must complete the check verification form for each check involved. This will eliminate the necessity for their personal appearance to verify the checks before a formal complaint can be signed.

The complaint authorization must also be completed and returned. Remember to identify the "complainant", the person who is authorized to sign a formal complaint. This same person should sign the authorization form.

Remember that in authorizing the Menomonee Falls Police Department to institute a criminal action you have agreed to not accept payment for any of the check(s) included unless authorized by the District Attorney. The District Attorney's Office will make every effort to secure restitution for your losses.

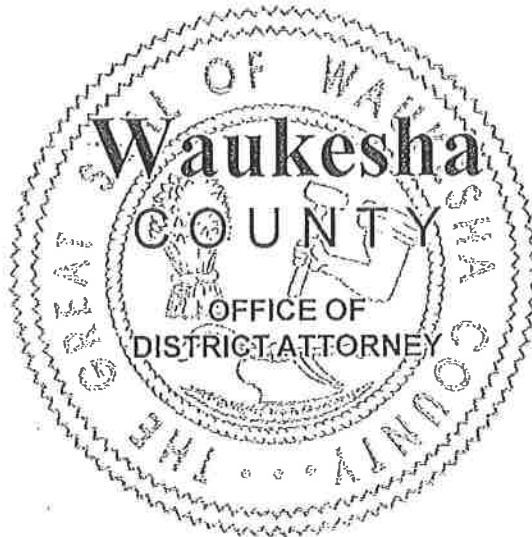
District Attorney
Brad D. Schimel

Deputy District Attorneys
Stephen J. Centinario, Jr.
Debra L. Blasius
Timothy F. Westphal

Office Services Coordinator
Dani M. Danielski

Victim/Witness Program
Jennifer S. Dunn, Coord.

Secretary Supervisor
Julie A. Delain



Assistant District Attorneys
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Mary C. Brejcha
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Timothy A. Suha
Jayne Dewire
Andrea M. Will
Lindsey H. Hirt
Brian Juech

WORTHLESS CHECK APPLICATION PROCEDURES

Our office may only attempt to obtain restitution or prosecute for the issuance of a Worthless Check when the check is paid as **CURRENT CONSIDERATION** and the receiver of the check has received identification (i.e. Wisconsin driver's license or Wisconsin I.D.)

Before you submit the check to our office, please send a letter demanding payment within five (5) days to the issuer. Do this as soon as possible. This is required by Wisconsin State Statute Section 943.24 (1). (Please note that if you choose to accept a partial payment for the check we cannot pursue your case further).

If you have not received payment, then complete the enclosed forms and submit them with the **original check** (or "Legal Copy"), **proof from the post office that a letter demanding payment was sent**, a copy of the bank statement indicating that the bank charged you a service charge for the return check and the deposit fee for service of a Five-Day Notice from the District Attorney's Office (chart listed below). This deposit fee pays for the Sheriff Department in the County where the person lives to serve that person personally with a District Attorney Office Five-Day Notice. Such fee is to be submitted by business check, cash or money order made payable to the Waukesha County District Attorney. Our restitution demand from the person passing the worthless check includes that sheriff's fee and therefore, if restitution is made, the service fee may be refunded back to you.

\$30.00 deposit required for Waukesha County
\$28.00 deposit required for Milwaukee County
\$36.00 deposit required for Kenosha, Ozaukee, Racine, Walworth & Washington Counties
\$55.00 deposit required for Sheboygan, Manitowoc, Dodge & Jefferson Counties
\$75.00 deposit required for all other Wisconsin Counties

(NOTE: The Sheriff's Department of the county where the defendant lives will send a bill to our office. That bill may be greater than the amount of your original deposit. If the bill is greater, you will be asked to submit an additional check for payment of the service fee.)

If you have any questions, please contact our Check Investigator at 548-7087.

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ISSUANCE OF WORTHLESS CHECK APPLICATION PROCESS

1. After the application for prosecution has been received by the District Attorney's Office and a receipt has been prepared, the application packet is given to our detective to verify the subject's identity. Please note that if you choose to accept a partial payment for the worthless check, we cannot pursue your case further.
2. Once the check investigator receives the verification back, the packet waits to have a Five-Day Notice created and submitted to either Badger Processing Service or the proper Sheriff's Department in the community where the subject lives. Badger or the Sheriff's Department may try several times over a period of days to serve the individual this notice.
3. Notice is then submitted back to the District Attorney's Office that the individual was served or was not able to be served. If the individual was unable to be served our office might try submitting a certified letter if we have a new address. If the individual is still unable to be served then a charging decision will have to be made on whether we can pursue this matter in Court or not. If we cannot pursue the matter further, a letter will be sent to the applicant explaining the situation.
4. If the individual is able to be served, we are automatically able to pursue this individual in Court and the application packet then waits to have a criminal complaint issued charging the individual with a misdemeanor Issuance of Worthless Check charge. Once the criminal complaint is issued and signed by the person who submitted the application, the subject is summoned into Court for an initial appearance charging him with a crime.
5. If you have concerns, please do not hesitate to contact our office at 548-7087.

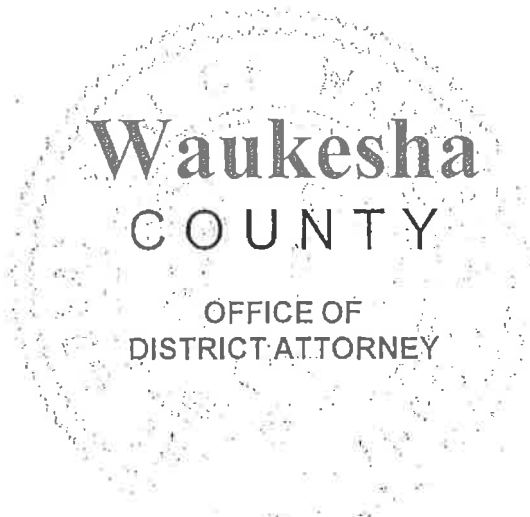
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CHECK VERIFICATION FORM
ISSUANCE OF WORTHLESS CHECK APPLICATION PAGE ONE

Please staple the original worthless check (or "legal" copy from the bank) in the rectangle at the top of page 1 of the application, the check verification page. Photo copies of the check are not legal.

We can only accept those checks for prosecution that can be verified by your employees and where proper identification was utilized.

Please have the person who actually accepted the check(s) (a cashier or sales person) complete the check verification form for each check submitted. The person who accepted the check then must also provide us with their name and home address. If that sales person is no longer employed by your business, please indicate their name and home address on the space provided. It is rare, but there have been cases where a sales person has to be summoned into court to verify receipt of the bad check.

Use of this verification form does not eliminate the need to complete our authorization section at the bottom of page 2 of the application. The authorization section must be signed by the person authorized to sign the criminal complaint.

If you have any questions, please contact our Check Investigator at 548-7087.

WAUKESHA COUNTY DISTRICT ATTORNEY'S OFFICE
APPLICATION FOR PROSECUTION FOR ISSUANCE OF WORTHLESS CHECK

COMPLAINANT: Name _____ Title: _____
Home Address: _____
Home Phone: _____

BUSINESS NAME: _____
Address: _____
Phone: _____

PERSON PASSING CHECK: Name: _____ Age: _____
Address: _____
Phone: _____ D.L. # _____
I.D. Used: _____

PERSON ACCEPTING THE CHECK: Name: _____
Home Address: _____
Home Phone: _____ Job Title: _____
Witnessed Writing of the Check: (circle answer) YES NO

INCIDENT:
Address: _____ in the CITY TOWN VILLAGE: _____
Date Check Passed: _____ Amount of Check: _____
Check No. _____ Check Dated: _____
Bank: _____ Reason Returned: _____
What was the check issued for? GOODS _____ CASH _____
Is passer previously known? YES NO Can he/she be positively identified? YES NO

COMPLETE THE FOLLOWING BY CIRCLING THE STATEMENT IF IT APPLIES:
The check was postdated Firm agreed to hold the check
A partial payment has been accepted The check has prior endorsement
Check was payment on rent or an open account Check was for prior consideration

MANDATORY 5-DAY NOTICE (LETTER) AND DEMAND SENT: YES or NO
Was the Notice/Letter sent by: REGISTERED MAIL or REGULAR MAIL
Was the Notice/Letter: ACCEPTED or RETURNED BY POST OFFICE
If returned, enclosed that original envelope or registered mail receipt.
Describe other demands made: _____

We hereby authorize the District Attorney to institute criminal action against the maker of the check. It is understood that should the defendant desire to pay the amount of the check, payment will be refused until such time as authorized by the District Attorney. Payment of the check may be considered for mitigation of reducing punishment but not as a basis for dismissal.

PRINT NAME: _____ DATED: _____

SIGNATURE OF COMPLAINANT: _____

CHECK VERIFICATION

PLACE ORIGINAL CHECK IN THIS SPACE

THIS IS TO CERTIFY THAT THE ABOVE CHECK WAS ACCEPTED BY ME

AS PAYMENT ON _____ FOR _____ WHILE I WAS
(Date) (Item)
WORKING AS A _____ AT:

NAME OF STORE: _____

ADDRESS: _____

CITY: _____

IDENTIFICATION USED:

____ KNOWN FROM PAST CONTACT

NAME: _____
Signature

____ STORE CHECK CASHING CARD

NAME: _____
Name

____ DRIVER'S LICENSE

HOME ADDRESS: _____

CITY: _____

HOME PHONE: _____

DATE: _____

WAUKESHA COUNTY DISTRICT ATTORNEY'S OFFICE
VICTIM REQUEST FORM
WORTHLESS CHECKS

Organization/Victim Name

As a crime victim you have certain rights. Some are automatic and others are available upon request. Please read this form carefully to assist us in meeting your needs.

You must notify the Victim/Witness Program if you wish to be notified of court proceedings or exercise your other rights as a crime victim. If we do not receive a completed request form, we will only provide you with the final outcome of the case.

The District Attorney's Office will diligently seek restitution on your behalf.

_____ I am requesting that the District Attorney's Office only notify me regarding the final outcome of cases in which I am a victim. I have received a brochure explaining the criminal justice system and the rights of crime victims.

_____ I do wish to be notified of hearings and other matters in the cases in which I am a victim. If checked, you must provide us with the names of the defendants about whose cases you wish to be notified.

_____	_____
_____	_____
_____	_____

Organization/Business

Signature

Date

You may amend your request at any time by contacting the District Attorney's Office.
Thank you for your assistance.

Waukesha County District Attorney's Office
(262)548-7076

Please return this form within 10 days to :

District Attorney's Office
ATTN: Jennifer Powers *Check Investigator*
Waukesha County Courthouse, Room CG-72
515 W. Moreland Blvd.
Waukesha, WI 53188