

PROCEDURE FOR FILING A WORTHLESS CHECK COMPLAINT

- Present the check to the bank for payment, even if the check is known to be without sufficient funds to pay.
- Complete the “Notice and Demand for Payment of Dishonored Check” form which is attached to these instructions. Mail it to the giver of the check by certified mail, return receipt requested to the address printed on the check.
- If you do not receive the money after five days and you are interested in prosecution, you may file a complaint with the St. Francis Police Department by taking the listed items to their office.

St. Francis Police Department
4058 St. Francis Boulevard NW
St. Francis, MN 55070

Listed items to be brought to the police department:

- 1) The original dishonored check.
- 2) Bank “flag” or other proof of dishonor.
- 3) The return receipt for the certified mail.
- 4) Copy of the “Notice and Demand for Payment”; or if the letter has been refused, the unopened letter.
- 5) The completed “Complaint Data” form (copy attached to these instructions).

As a reminder, once a check has been submitted to the police department for prosecution, persons or businesses are NOT TO ACCEPT PAYMENT for the check, unless authorized to do so by the City Attorney or through the Anoka County Court System.

The Police Department and the City Attorney’s office are not collection agencies. Our purpose is to prosecute when criminal laws are violated. The court may order restitution as part of the sentence following conviction. After prosecution is initiated, dismissal of the case is within the discretion of the City Attorney’s office.

**NOTICE AND DEMAND FOR PAYMENT
OF DISHONORED CHECK**

_____, You are hereby notified that a check dated _____, 20__, drawn on the _____ bank of (town) _____, in the amount of \$_____ has been returned unpaid with the notation that payment has been refused because of:

_____.

DEMAND is hereby made for the payment of the above-mentioned check. Your attention is called to Minnesota Statutes 609.535 pertaining to the issuance of a worthless check. **YOU ARE HEREBY NOTIFIED** that you may be subject to the following penalties under these statutes:

If you do not pay the amount of this check within five (5) business days of the date the notice of dishonor was mailed to you, we will or may refer the matter to the proper authorities for prosecution under MN STATUTE 609.535 Subd. 2a. Penalties:

(a) A person who is convicted of issuing a dishonored check under subdivision 2 may be sentenced as follows:

(1) to imprisonment for not more than five years or to payment of a fine of not more than \$10,000, or both, if the value of the dishonored check, or checks aggregated under paragraph (b), is more than \$500;

(2) to imprisonment for not more than one year or to payment of a fine of not more than \$3,000, or both, if the value of the dishonored check, or checks aggregated under paragraph (b), is more than \$250 but not more than \$500; or

(3) to imprisonment for not more than 90 days or to payment of a fine of not more than \$1,000, or both, if the value of the dishonored check, or checks aggregated under paragraph (b), is not more than \$250.

(b) In a prosecution under this subdivision, the value of dishonored checks issued by the defendant in violation of this subdivision within any six-month period may be aggregated and the defendant charged accordingly in applying this section.

In addition, the bank may release information relating to the account and this matter may be referred to the proper authorities for prosecution.

Dated: _____

Remit to: _____

Address: _____

ST. FRANCIS POLICE DEPARTMENT

Complaint Data

For Police Department Use Only
Case #

Complainant/Reporting Person

Name and Title: _____ Date: _____

Business Name: _____ Phone: _____

Address: _____

Employee accepting check (name, address, phone): _____

THIS PORTION TO BE FILLED OUT BY PERSON WHO ACCEPTED THE CHECK

Account Name: _____ Endorsee: _____

Account Address: _____ Check Payable to: _____

Check Number: _____ Check Amount: _____ Check Date: _____ Bank: _____

DESCRIPTION OF CHECK PRESENTER

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____

Hair: _____ Age: _____ Glasses: _____ Moustache/Beard: _____

Please describe any other relevant information regarding the presenter of the check:

Can you positively identify the party who signed and/or presented you the forged check? _____ yes _____ no

DESCRIPTION OF CHECK PRESENTER

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____

Hair: _____ Age: _____ Glasses: _____ Moustache/Beard: _____

Please describe any other relevant information regarding companions of check presenter:

Could you positively identify the companions? _____ yes _____ no

DESCRIPTION OF THE CHECK TRANSACTION

Was check endorsed in your presence? _____ yes _____ no Identification asked for: _____

If driver's license used for identification, indicate state, license number, and date of birth:

What merchandise or service did the presenter receive or attempt to receive?

What physical evidence of the transaction do you have (order forms, sales slips, inventory forms, etc.)?

Describe any vehicles that were involved (make, model, year, color, license number, etc.)?
