



Ozaukee County Sheriff's Office

Jim Johnson, Sheriff
1201 S Spring St • PO Box 245
Port Washington, WI 53074-0245
262-284-7172 (Local) • 262-284-8490 (Fax)

WORTHLESS CHECK COMPLAINT GUIDELINES

- STEP 1:** The check, which is the subject of this complaint, must be presented to the bank for payment by the recipient/holder of the worthless check two (2) times or until such time as the bank indicates that the check cannot be redeposit. Checks, which are returned initially by the bank with an indication that the account has been closed, do not have to be presented a second time.
- STEP 2:** The recipient/holder of the worthless check should make reasonable efforts to contact the issuer of the check by telephone in an effort to collect restitution on the check, which is the subject of the complaint.
- STEP 3:** Should those reasonable efforts fail; the recipient/holder of the worthless check must notify the issuer of the check in writing of the status of the check, which is the subject of this complaint. In order for a violation of Ozaukee County Ordinance 8.28 or State of Wisconsin Statute 943.24 to occur, the issuer of the check must fail honor the draft, "...within five (5) days after receiving notice of nonpayment or dishonor to pay the check..." This written notification must be forwarded to the issuer of the check by certified mail with a return receipt indicating the date and to whom the written notification was delivered
- STEP 4:** Should the issuer of the check fail to heed to the warnings contained in that written notification within five (5) days of its issuance, the recipient/holder of the worthless check must complete an Ozaukee County Sheriff's Office Worthless Check Questionnaire following the instructions contained on the questionnaire. This questionnaire is attached to this document for your review.
- STEP 5:** The recipient/holder of the worthless check must respond in person to the Ozaukee County Sheriff's Office to submit a complaint involving the issuance of worthless checks. Please complete the attached information sheets and return to the Ozaukee County Sheriff's Office.



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WORTHLESS CHECK QUESTIONNAIRE

The following questionnaire must be completely prepared for *each worthless check* submitted to the Ozaukee County Sheriff's Office or District Attorney's Office for action. Each section of this questionnaire must be answered as thoroughly as possible. Please write in "N/A", if the answer to a particular section is not known or does not apply. This questionnaire must be signed by both the person who accepted the check, and the business owner/or authorized representative.

Name of Business/Complainant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:() _____ Date Questionnaire Completed: _____

Type of Business: _____

Business Owner/Representative: _____
First Middle Last

Position/Title: _____ Date of Birth: _____

Telephone Number:() _____ Work Number() _____

Person Accepting Check: _____
First Middle Last

Position/Title: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number:() _____ Work Number() _____

Institution Check Drawn On: _____

Account Name: _____

Check Made Payable to: _____

Check Number: _____ Date on Check: _____

Amount of Check: _____ Date of Check Presented: _____

Reason Check Refused by Bank: NSF, ACCOUNT CLOSED, ETC.:

What Verification Was Written on Check to Identify Person Accepting Check? _____

What Verification Was Written on Check to Identify Person Presenting the Check?

Driver's License: Yes/No Driver's License Number: _____

Describe Person Presenting Check:

Name: _____ Sex: _____ Race: _____ Age: _____

Date of Birth: _____ Height: _____ Weight: _____ Hair: _____ Build: _____

Glasses: Yes/No Mustache: Yes/No Other: _____

What was purchased with the check? _____

When check was given to you, did the person at the same time receive any good and / or services? Yes / No

Were the products or services purchased ordered through a catalog, advertisement, trade show, etc. and shipped to the customer/recipient? Yes/No

Total of any cash/change given to the person presenting the check: _____

Did the person cashing the check ask that the check be held for any length of time?
Yes/No Time Period: _____

First date check presented to bank: _____

Second date check presented to bank: _____

Describe any attempts by the complainant, business owner, or authorized representative to collect on the check before making this complaint to the Ozaukee County Sheriff's Office: _____

Was check presented in payment of a Past Due or Current Account: Yes / No

Did Check pay said account in full? Yes / No If Not, What is Balance? \$_____

Has a payment plan been agreed upon by suspect and complainant: Yes / No

Is the Person who cashed check personally known by complainant or employee? Yes / No

It is understood & agreed by the undersigned, agent(s), representative(s) &/or employee(s) to the following:

- A. To fully cooperate & lend all available assistance to Ozaukee County Sheriff's Office with the investigation or prosecution of this complaint, and/or;
- B. That the check which is the subject of this questionnaire may result in civil and/or criminal prosecution of the issuer of the worthless check, and/or;
- C. Not accept payment on the check without the consent and approval of the Ozaukee County Sheriff's Office.
- D. If presented to the Ozaukee County District Attorney's Office it is understood and agreed that the check attached is being presented for criminal action to this 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 this check be dismissed, nor will said person(s) accept payment on the check without the consent and approval of this Office.

The facts & information provided above are hereby certified by the undersigned (s) to be true and accurate.

Signature of Business Owner or Representative

Date

Signature of Person Accepting Check

Date