

FILING THE BAD CHECK CRIME REPORT:

Victims of bad checks may file a report with the Macomb County Prosecuting Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The Prosecuting Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. "Restitution" refers to the face value of all checks listed in the report, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. FILL OUT REPORT COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "STATUTORY CERTIFIED NOTICE," "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES).** **COPY ALL INFORMATION FOR YOUR RECORDS.**
- B.** Mail this report directly to the Macomb County Prosecuting Attorney Bad Check Restitution Program (address listed below).
- C.** Once a report has been filed: **ALL restitution payments must be coordinated by the Prosecuting Attorney's Office.** Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (877) 397-3428.

AFTER FILING:

- A.** If you do not receive restitution within 60 days, contact the Prosecuting Attorney Bad Check Restitution Program.
- B.** If restitution is not received from the check writer, your report will be evaluated for criminal prosecution.
- C. IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason the report is not prosecutable, the check(s) will be returned at your request.

SAMPLE "STATUTORY CERTIFIED NOTICE"

Date

Dear Check Writer:

You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. Pursuant to Michigan law, you have 5 days from receipt of this notice to tender payment of the full amount of such check plus a service charge which may not exceed the greater of \$25 or 5% (but not more than \$250) of the amount due.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the Prosecuting Attorney for criminal prosecution.

Closing,
Your name
Address

MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:

MACOMB COUNTY PROSECUTING ATTORNEY BAD CHECK RESTITUTION PROGRAM

P.O. BOX 577, MOUNT CLEMENS, MI 48046-0577

www.checkprogram.com/macombcountymi