

WORTHLESS CHECK FACT SHEET

OFFICE OF DISTRICT ATTORNEY | 721 OXFORD AVE, SUITE 2570 | EAU CLAIRE, WI 54703 | 715-839-5090

Please read and complete this form in its entirety. Failure to do so may result in delays or inability to process the worthless check referral. Completed forms and supporting documents may be sent to the District Attorney's Office by mail at the address listed above. Additional information about policies and procedures for worthless checks can be found on the District Attorney's website or by contacting the District Attorney's Office.

Please respond to the following statements regarding the worthless check you are referring:

- 1. The check was returned for a reason other than **Account Closed, NSF, or No Account.** Yes No
- 2. The check is marked **Stop Payment** or **Uncollected Funds.** Yes No
- 3. The check was presented at a different time than services or goods received. Yes No
- 4. The check was sent through the mail. Yes No
- 5. The check is a three-party check. Yes No
- 6. There was an agreement to hold the check or the check was postdated. Yes No
- 7. The check was issued as payment on an account or loan. Yes No
- 8. The check was issued as payment for a previously issued worthless check. Yes No
- 9. The check was issued to a motel/hotel and was given **after** the stay at the motel/hotel. Yes No
- 10. The check was issued for rent and was given **after** the rental period began. Yes No

Note: If the answer to any of the above questions is "yes," the District Attorney's Office cannot process this referral. You may be able to pursue civil actions to recover the loss.

Please complete the following information:

Merchant/Victim

Name _____ Phone # _____

Mailing Address _____

Address Where Check Was Issued _____

Municipality Where Check Was Issued City Town Village of _____

Employee Who Accepted Check _____

Have you received any payment on the worthless check? Yes No If yes, total amount collected _____

Check Information

Name of Individual Who Issued Check _____

Address _____

Phone # _____ Is this individual known by the employee? Yes No

Date Check Issued _____ Amount Check Issued For _____

Driver License or ID Card Number Used _____

Driver License or ID Card Issuing State _____ Expiration Date _____

Reason check was returned: Account Closed NSF No Account

I, the undersigned, affirm that the foregoing is true and accurate to the best of my abilities. By signing below, I authorize the District Attorney's Office to commence criminal action against the issuer of the referred check. I further agree that I will not accept payment on any check I have referred to the District Attorney's Office and will refer all payments to the District Attorney's Office.

Signature: _____

Date: _____

Printed Name: _____