

DIRECTIONS TO MERCHANT: IF YOU HAVE MAILED THE CHECK WRITER A DISHONORED CHECK NOTICE LETTER AND HAVE NOT RECEIVED A RESPONSE AFTER 10 DAYS:

- (1) FILL OUT ONE DISHONORED CHECK COMPLAINT SHEET FOR EACH DISHONORED CHECK YOU HAVE RECEIVED. **ATTACH (1) A COPY OF THE CHECK, (2) THE NOTICE OF DISHONOR, AND (3) THE DISHONORED CHECK NOTICE LETTER.**
- (2) PROVIDE ALL OF THESE ITEMS TO THE POLICE AGENCY WHERE THE DISHONORED CHECK WAS PASSED.
- (3) KEEP THE ORIGINAL CHECK AND ALL OTHER PAPERWORK REGARDING THE DISHONORED CHECK IN YOUR RECORDS.
- (4) ONCE THIS COMPLAINT HAS BEEN TURNED OVER TO THE POLICE, DO NOT ACCEPT ANY MONEY IN PAYMENT OF THIS CHECK WITHOUT FIRST CONTACT THE SHIAWASSEE COUNTY PROSECUTOR'S OFFICE AT (989) 743-2373. DOING SO MAY PREVENT FULL RECOVERY OR PROSECUTION.

SHIAWASSEE COUNTY PROSECUTING ATTORNEY'S OFFICE
DISHONORED CHECK COMPLAINT SHEET

Check Number: Check Date:

Draft amount: Bank fees:

Total Owed: Check writer:
(person who wrote the check)

Your Business Name and Address:

Address where check was passed: Same as above. Other:

Your Business Phone: Person who accepted check:

How was check passed? In Person By Mail By ATM Other:

Did you record the check writer's Drivers License Number or Michigan ID Number? Yes No

If yes, what is the check writer's ID number?

Is it your normal practice for the person who accepted this check to compare identification containing a photograph with the check writer standing in front them? Yes No

Does the person who accepted this check personally know the check writer? Yes No

Does the person who accepted this check believe they can identify the check writer in a photo lineup or in court? Yes No

What date did you mail the check writer the Dishonored Check Notice Letter?

Do you have any additional information that would help identify or locate the check writer (social security number, security video, physical description, car license plate #, phone #, etc)?

Name of person filling out form:

Today's date: _____

Signature