

OFFICE OF THE DISTRICT ATTORNEY

CHIEF INVESTIGATOR
SCOTT MCILRATH

VICTIM ASSISTANCE COORDINATOR
JENNIFER GARRAWAY

CHECK UNIT DIRECTOR
ANITA BOSARGE

PRETRIAL DIVERSION DIRECTOR
MARK SPICER

NINETEENTH CIRCUIT COURT DISTRICT
JACKSON, GEORGE & GREENE COUNTIES



ANTHONY N. LAWRENCE, III
DISTRICT ATTORNEY

CHIEF PROSECUTOR
BOBBY KNOCHER

ASSISTANT DISTRICT ATTORNEYS
JEFFREY ELLIS
JOSEPH W. GRIFFIN
TANYA HASBROUCK
ANGEL MYERS
KATHLYN VANBUSKIRK
CHERIE WADE

BAD CHECK UNIT COMPLAINT CHECKTLIST

The steps below are necessary because they are legally required. Following these steps will be a vital aid in assuring restitution on you checks.

1. The transaction must have taken place in Jackson, George, or Green County.
2. All bad checks must be stamped:
 - A. Insufficient Funds (NSF); or
 - B. Account Closed
3. The Law prohibits us from accepting the following types of checks:
 - A. Stop Payment
 - B. Uncollected Funds
 - C. Refer to Maker
 - D. Irregular Signature
 - E. Stolen
 - F. Checks that have partial payments made
 - G. Postdated checks or checks that you agreed to hold before depositing
 - H. Two Party Checks
 - I. Forgeries
4. The check writer must be eighteen (18) years of age on or before the check date.
5. If the check was ever stamped "NSF", a fifteen (15) day notice must be mailed by US mail, and an Affidavit of Service of Mail must be completed when the check is presented to our office. The check writer must be given fifteen (15) days from receipt of your letter to make the bad check good. After the fifteen days, if restitution has not been made to you, a complaint may be filed with your D.A.'s Bad Check Unit.
6. If the letter or notice of bad check is returned as undeliverable, no waiting period is required and you may file a complaint at that time.
7. The letter must be sent to the exact address as given on the check by its maker.

JACKSON COUNTY OFFICE
2ND FLOOR COURTHOUSE
P. O. BOX 1756
PASCAGOULA, MS 39568-1756
TELEPHONE: 228-769-3045
FAX: 228-769-3345

GEORGE COUNTY OFFICE
2ND FLOOR COURTHOUSE
LUCEDALE, MS 39452
P. O. BOX 1756
PASCAGOULA, MS 39568-1756
TELEPHONE: 601-947-8801
FAX: 601-947-8935

GREENE COUNTY OFFICE
1ST FLOOR COURTHOUSE
LEAKESVILLE, MS 39451
P. O. BOX 1756
PASCAGOULA, MS 39568-1756
TELEPHONE: 601-394-4511
FAX: 601-394-5984

8. When presenting a complaint to the D.A.'s Bad Check Unit, you will *need*:

- A. The original check
- B. The completed complaint form
- C. The completed affidavit of service by mail

9. All information requested on the complaint must be filled out as completely as possible. You should include the following information about the check writer: sex; race; social security number; date of birth; residential address if the address on the check is a post office box; place of employment; name or initials of the person who accepted the check.

10. A bad check complaint form must be filled out for each check submitted to the D.A.'s Bad Check Unit,

11. Once a complaint is filed with our office, we will prepare an arrest warrant for the bad check writer if necessary. Your signature will be needed on an affidavit prior to securing a judge's signature on the warrant, We will contact you if an affidavit is necessary.

12. Merchant restitution checks will be sent out monthly by the tenth day of the month,

13. If, after filing a complaint with the District Attorney, you wish to withdraw the complaint for good cause, Mississippi law requires that you pay a \$30.00 withdrawal fee to the District Attorney for processing the complaint.

If you have any questions, please call us at 228-769-3234 or come by our office located on the second floor of the Jackson County Courthouse on Magnolia Street in Pascagoula. Our mailing address is P.O. Box 1756, Pascagoula, MS 39568-1756

OFFICE OF THE DISTRICT ATTORNEY
WORTHLESS CHECK UNIT
COMPLAINT

(Use a separate form for each check)

READ CAREFULL! I certify that this case is not brought for the collection of a Civil debt (i.e., postdated check). I understand that once this case is accepted by the Worthless Check Division, I cannot accept any payments directly from any person on behalf of the defendant unless I withdraw this complaint and satisfy a service charge of \$30.00 to the Worthless Check Unit Division as required by law. I understand that I will have no further connection with this case except to testify in Court in the event the unit must proceed with criminal prosecution. Any person who wrongfully and corruptly swears or affirms to an Affidavit may be subject to criminal charges for the offense of perjury.

(PLEASE PRINT or TYPE)

DEFENDANT INFORMATION (COMPLETE address including zip code)

Name: _____

Address: _____ CITY _____ STATE _____ ZIP _____

Social Security No.: _____ Race: _____ Sex: _____ DOB: _____

Home Telephone Number: _____ Work Phone Number: _____

Place of Employment: _____

MERCHANT INFORMATION

Name of Person who accepted check: _____

Can this person make positive identification? Yes _____ No _____

1. Have you accepted any partial payment on this check? Yes _____ No _____

2. Was this a post-dated check? Yes _____ No _____

3. Did you agree to Hold this check? Yes _____ No _____

4. Was this check given to pay on account, loan, or any type of pre-existing debt? Yes _____ No _____

Please explain: _____

If you answered YES to questions 1, 2, 3 or 4 this complaint cannot be handled by this office.

What thing of value was received? Merchandise _____ Cash _____ Other _____

County where the check was accepted: JACKSON _____ GEORGE _____ GREENE _____

CHECK INFORMATION

Insufficient Funds _____ Account Closed _____

Amount of Check \$ _____ Date of Check _____

Name of the Bank the check was written on _____

Did you send a letter to the defendant? Yes _____ No _____

Addition Information or Comments: _____

NAME OF PERSON WHO WILL SIGN THE AFFIDAVIT _____

BUSINESS/MERCHANT NAME _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____

NAME _____ DATE: _____

ADDRESS: _____ STATE: _____ ZIP: _____

This is statutory notice is provided pursuant to section 97-19-57, Mississippi Code of 1972.

You are hereby notified that a check, draft or order numbered _____
apparently issued by you on _____, drawn upon _____
and payable to _____, has been dishonored.

Pursuant to Mississippi law, you have (15) days from receipt of this notice to tender payment of the full amount of such check, draft or order, plus a service charge of Forty Dollars (\$40.00), the total amount being \$ _____. Unless this amount is paid in full within the time specified above, the holder may assume that you delivered the instrument with the intent to defraud and may turn over the dishonored instrument and all other available information relating to this incident to the proper authorities for criminal prosecution.

Notice: When statutory notice is given in writing and deposited in the United States Mail, addressed to the drawer at his address as it appears on the check or at his last known address, then notice is presumed to be delivered.

Firm: _____

By: _____

Address: _____

Phone: _____

AFFIDAVIT OF SERVICE BY MAIL

STATE OF MISSISSIPPI

COUNTY OF _____ JACKSON _____ GEORGE _____ GREENE

_____ being first duly sworn on oath, deposes and states that he/she is at least eighteen (18) years of age and that on _____, 20____, he/she served the attached Notice of Dishonor by placing a true and correct copy thereof securely enclosed in an envelope addressed as follows:

and deposited the same, postage prepaid, in the United States mail at _____,MS.

Signature

Subscribed and sworn before me, this the _____ day of _____ 20_____.

Notary Public

My Commission Expires: _____.