



INDIAN RIVER COUNTY SHERIFF'S OFFICE

PROTECT  PREVENT  SOLVE

WORTHLESS CHECK PACKET

It is the intent of the Indian River County Sheriff's Office and, specifically, the Economic Crimes component of the Criminal Investigations Unit, to assist individuals and businesses who have been victimized by writers of worthless checks.

Once a worthless check packet is received by you, the victim, the Economic Crime Analyst will make all attempts possible to resolve the matter in a timely manner, prior to Court action being taken. The goal is to make you financially whole.

If the matter is not resolved, the case will be presented to the State Attorney's Office for review. The State Attorney's Office makes the decision whether or not to prosecute. If that office declines to prosecute, the documents you submitted will be returned to you.

In virtually all cases where the check writer is found guilty or pleads guilty in court, restitution is ordered as part of the probation portion of the sentence. Another avenue of collection you can pursue is a civil claim in the Small Claims Court if the amount of the check is less than \$5,000.00. Further information on small claims actions can be obtained through the office of the Clerk of the Court.

Please carefully read the information contained in this packet. If you have any questions, contact an Economic Crime Analyst at the Indian River County Sheriff's Office's Economic Crimes Unit at 772-978-6155 or EconomicCrimeAnalyst@ircsheriff.org.

Revised 05/09/18 sjd





I. REQUIREMENTS

1. Check must have been given in, received in, or mailed from the jurisdiction of Indian River County.
2. Identification of accused. (See Section II.)
3. Check must not have been post-dated at the time it was given.
4. Taker of the check must not have been asked by the party presenting the check at the time of presentation to hold or delay depositing the check for any period of time.
5. If there was any reason to believe the check would not be honored at the time it was presented to the taker, the complaint is a civil matter.
6. Check must be plainly marked with the reason for its return by the bank on which it was drawn.
Dishonored checks are considered checks stamped by the bank as NSF, Insufficient Funds, Refer to Maker, Account Closed.
Stop payment checks will be stamped by the bank as Payment Stopped or Stop Payment.

****Checks marked UNCOLLECTED FUNDS, UNAVAILABLE FUNDS or HOLD ON FUNDS cannot be processed****

7. A demand letter must be sent to the check writer at their last known address. Dishonored Check Demand Letter is on page 9, Stop Payment Demand Letter is on page 10. The demand letter can be sent one of two ways:
 - By certified or registered mail, evidenced by return receipt, or
 - by first-class mail, evidenced by an affidavit of service of mail.The demand letter requirement can be waived if the check is returned for the reason of Account Closed.

****If any of these requirements are not met, this agency cannot accept the check for prosecution.****

****The filing of a worthless check complaint does not guarantee criminal prosecution or restitution.****

****This agency will not accept Worthless Check Packets if partial payment has been accepted for the worthless check.****



II. IDENTIFICATION

*****Identification of the check writer is the most important requirement of the check taker.*****

Poor check writer identification information is the most common reason for failure to prosecute worthless check cases. The Sheriff's Office requires certain information about the check writer in order to pursue prosecution, therefore, certain identifying information must be included on the Worthless Check Affidavit.

Identification of the check writer or person presenting the check can be established by ONE the following means:

1. **Personal recognition** - The taker of the worthless check knows the check writer and can supply the following information: **full name, date of birth, race, sex and last known address**. (*This information must be provided in order to have a warrant issued*), **or**
2. **Check writer produced photo identification at the time the check was presented.**
 - a. I.D. type and number ***must*** be written on the check by the taker. ALSO, the check writer's sex and date of birth, (and home address and phone if not pre-printed on the check) ***must*** be obtained. (***IMPORTANT: If the I.D. type and number is pre-printed or written on the check by presenter, TAKER MUST VERIFY that the information is correct.***)
 - b. Taker of the check ***must be able to testify*** that they compared the photo or I.D. to the person presenting the check and they appeared to be one in the same, **or**
3. If your business uses **check cashing authorization cards** issued by the business taking the check, please contact (772) 978- 6270 for specific requirements, **or**
4. **If the check is received by mail or delivery** to a representative of the payee, e.g., truck driver, identity may be established by providing the original contract, order or request for services, ***which bears the signature of the person who signed the check.***



III. SUBMITTAL CHECKLIST

If you feel all the requirements have been met, submit the following items:

(Keep a photocopy of all documents for yourself.)

- Check. (Original), *OR* the document returned by the bank which may be labeled "Legal Copy"
- Unclaimed or refused demand letter *OR* the signed return receipt. (Original)
- Worthless Check Affidavit. (Original)
- Witness List. (Original)
- Stop Payment Statement Form *if applicable*. (Original)
- Demand Letter. (Copy)
- Check cashing card application *if applicable*. (Copy)

*****If the check writer pays the dishonored check after you have turned in the Worthless Check Packet, please contact an Economic Crime Analyst at 772-978-6155 or EconomicCrimeAnalyst@ircsheriff.org as soon as possible with the date the monies were received.***

**** Worthless Checks Packets cannot be faxed to the Indian River County Sheriff's Office. To submit a packet please mail it or drop it off at the Reception Desk in the main lobby of the Sheriff's Office. When mailing the packet please address the envelope as follows:**

**Indian River County Sheriff's Office
4055 41st Avenue
Vero Beach, FL. 32960-1808
Attention: Worthless Checks**



Florida State Service Charges for Worthless Checks

Effective 10/19/96

The following service charges are what the State allows the victim of the worthless check to charge the check writer. The Sheriff's Office does not charge any fees for processing Worthless Check Packets.

Check Amounts

\$1.00 to \$50.00

\$50.01 to \$300.00

Checks over \$300.00

Service Charge

\$25.00

\$30.00

**\$40.00 or 5%
(which ever is greater)**

WORTHLESS CHECK AFFIDAVIT

IMPORTANT - This form must be filled out as completely as possible by the person seeking prosecution of the worthless check. One form must be prepared for each check. INCOMPLETE AFFIDAVITS WILL NOT BE FILED.

CHECK WRITER INFORMATION:

Name: Date of Birth: Sex: Race:
Hgt: Wgt: Hair: Eye: Social Security #:
Home Address and Phone (P.O. Boxes are not acceptable):

Employer and Phone:

TYPE OF IDENTIFICATION: (Check all that apply)

Driver's License number (): State:
State I.D. number (): State:
Check Cashing card number(): Photo seen: Yes No
Personal Recognition (): (explain)

~The undersigned, under oath, states that the above named check writer did draw, make, utter, issue, or deliver a worthless check, to wit:

Check made payable to: Check # Amount of check:
Date of check: Bank drawn on: City/State:
Date check received: Checking account number:

~said check being returned/unpaid for the following reason: (Check one)

Insufficient Funds (NSF) () Account Closed () Stop Payment () Account Not Found ()
Refer to Maker () Other () (Fill in reason)

~and was received for: (Check one)

Payment on Account or Debt:() Rent:() Wages:() Cash:() Other:() (Fill in)
Merchandise:() Services:() List Merchandise/Services:

~and that the answers to the following questions are true: (Check one)

- 1. Was check received in or mailed from Indian River County? Yes () No ()
*At what address did you receive the check?
2. Was the check postdated? Yes () No ()
3. Did you agree to hold the check before deposit? Yes () No ()
4. Have you taken a partial payment for the check? Yes () No ()
5. Was merchandise/service given at time check received? Yes () No ()
6. Was the check received directly from the accused? Yes () No ()
*If not, from whom?
7. Was the check sent by mail? Yes () No ()
8. Did accused sign an order/contract for which the mailed check was payment? If yes, attach original. Yes () No ()
9. Was a certified, return receipt, demand letter sent? Yes () No ()
10. Can the taker identify the accused? Yes () No ()
11. Is D/L or check cashing card # written on check? Yes () No ()
By taker or accused?
12. Did taker and approver initial the check? Yes () No ()
13. Did accused sign check in presence of taker? Yes () No ()
14. Is there a photo and/or video footage of accused at time of transaction? Yes () No ()
15. Firm or personal name as printed on check:

Signature of Complainant

Date

Sworn to and Subscribed before me this date, , 20.

Signature of Notary

Notary Stamp

Personally known () Identification () type

STOP PAYMENT STATEMENT FORM

If the check you are turning in with this Worthless Check Packet was returned for the reason of STOP PAYMENT please complete this form.

VICTIM:

Name - _____

Address - _____

CHECK WRITER:

Name - _____

In the space below explain the circumstances involving the stop payment and any conversations with the check writer about the reason for the stop payment. (If you need more room please use the back of this form.)

****Please note** Stopping payment on a check with the intent to defraud is against the law in the State of Florida. Intent to defraud is established by the act of uttering the check and stopping payment on the check after receiving goods or services. Case by case analysis may require some cases to be referred to civil court.**

In addition, please use the Stop Payment Demand Letter on page 10.

Victim

Date

WITNESS LIST

Sections in **RED** are **mandatory** information and must be completed.

VICTIM (The person or business check made payable to):

Business name (if victim is business) _____
Business Address & phone _____
Business Email Address _____

Name (if victim is a person) _____ Date of birth _____ SS# _____
Home Address & Phone _____
Employer Address & Phone _____
Email Address _____

TAKER OF CHECK (This information must be completed):

Is taker of check currently employed by your company? (if victim is a business): Yes () No ()
If NO, the last known home address & phone must be provided. If not provided, the packet will not be processed.

Name _____ Date of birth _____ SS# _____
Home Address & Phone _____
Employer Name & Address _____
Employer phone _____ Job Title _____
Email Address _____

PERSON WHO AUTHORIZED CHECK (If different than taker):

Name _____ Date of birth _____ SS# _____
Home Address & Phone _____
Employer Name & Address _____
Employer phone _____ Job Title _____

CUSTODIAN OF RECORDS (Who submitted documents):

Name _____ Date of birth: _____ SS# _____
Home Address & Phone _____
Employer Name & Address _____
Employer phone _____ Job Title _____

OTHER WITNESS:

Name _____ Date of birth: _____ SS# _____
Home Address & Phone _____
Employer Name & Address _____
Employer phone _____ Job Title _____
Can testify to: _____

**DISHONORED CHECK
DEMAND LETTER**

Date: _____

To: _____

You are hereby notified that a check, numbered _____, in the face amount of \$ _____, issued by you on _____, drawn upon _____, and payable to _____, has been dishonored. Pursuant to Florida law, you have fifteen (15) days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$25.00 if the face value does not exceed \$50.00, \$30.00 if the face value exceeds \$50.00 but does not exceed \$300.00, \$40.00 if the face value exceeds \$300.00, or an amount of up to 5% of the face amount of the check, which ever is greater, the total amount due being \$ _____.

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 Indian River County Sheriff's Office for criminal prosecution, as provided in Florida State Statute 832.05.

You may be additionally liable in a civil action for triple the amount of the check, but in no case less than \$50.00, together with the amount of the check, a service charge, court costs, reasonable attorney fees and incurred bank fees, as provided in Florida State Statute 68.065

Personal checks will not be accepted. Repayment must come to us by cashiers check, money order or by cash.

Make payable to:

By: _____
Signature Date

STOP PAYMENT DEMAND LETTER

Date: _____

To: _____

You are hereby notified that a check, numbered _____, in the face amount of \$ _____, issued by you on _____, drawn upon _____, and payable to _____, has been dishonored. Pursuant to Florida law, you have thirty (30) days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$25.00 if the face value does not exceed \$50.00, \$30.00 if the face value exceeds \$50.00 but does not exceed \$300.00, \$40.00 if the face value exceeds \$300.00, or an amount of up to 5% of the face amount of the check, which ever is greater, the total amount due being \$ _____.

Unless this amount is paid in full within the thirty (30) day period, the holder of the check or instrument may file a civil action against you for three (3) times the amount of the check, but in no case, but in no case less than \$50.00, in addition to the payment of the check plus any court costs, reasonable attorney fees and any bank fees incurred by the payee in taking the action, as provided in Florida State Statute 68.065.

Personal checks will not be accepted. Repayment must come to us by cashiers check, money order or by cash.

Make payable to:

By: _____
Signature Date