# Staple **original** or **bank-generated substitute** check here

# TO THE STATE OF TH

# **BAD CHECK CRIME REPORT**

# MIAMI-DADE COUNTY STATE ATTORNEY

KATHERINE FERNANDEZ RUNDLE

**Bad Check Program Address:** 1350 NW 12 Avenue Miami, FL 33136-2102 **Bad Check Program Contact:** 

(305) 547-0175

				For more inform	ation: miamis	ao.com				
Step 1 Confirm Eligibility	1. Was check post-dated at time of acceptance?  Yes No  Does this matter involve a three-party check?  Yes No  Has check been partially re-paid?  Yes No									
Step	Victim/Merchant Name:									
2	Contact Name:			Title:						
Victim Information	Address:			City:			_State:Zip Code:			
		act Information:	Em	ail:						
	(Required)  Phone:()Fax:()									
	• <u>Email a</u>	and/or fax are reg	<u>uired for</u> acknow	ledgement receipt of ci	heck and/or Progr	ram commun	ication		/	
Step	Check Writer's Name:						Driver's License # / Other ID #:			
3	Address:				Apt:		State: Date of Birth: Expiration Dat			
Check Writer	City: Zip Code:						//			
Information	Home Phone: ()Other Phone ()Other ID (If applicable)									
	Was the check handed to you by someone other than check writer? Yes ☐ No ☐ Name: Address:						SS #: Sex	: Race:	i	
			writer's identificat				Height: Hair: Eyes	: Weight:		
	Driver's License Police Report (#) Check Cashing Other								/	
Step	Check #	Check # Date of Issue Amoun		What was check for?	Date Received Consideration	Name of person accepting check		Can person ID check writer?	Can person ID check writer?	
4 Check								Yes No		
Information								Yes No		
								Yes No		
			-	nt than above in Step				(Require	<b>d</b> )	
	City					•	ic		ノ	
Step	<u>AFFIDAVIT OF MAILING</u>									
5	I,									
Affidavit of Mailing										
Victim										
Must Be Notarized	<b>\$</b> 7									
	XSignature of Person Filing (Required)				Print Name of Person Filing			Date Filed		
	Sworn and	subscribed before	re me this		day of			20		
	Noton- D. 1									
	Notary PublicSeal								/	

### Worthless Check Florida Statutes 832. 05 Date \_\_\_\_\_ check writer: Dear You are hereby notified that check numbered \_\_\_\_\_in the face amount of \$\_\_\_ \_\_\_\_, issued by you on \_\_\_\_ \_bank, and payable to \_\_\_\_\_\_, has been dishonored. Pursuant to Florida Law you have 15 days from the date of this notice to tender payment of the full amount of such check, plus a service charge of \$25, if the face value does not exceed \$50; \$30, if the face value exceeds \$50 but does not exceed \$300; \$40, if the face value exceeds \$300 or an amount of up to 5% OF THE FACE AMOUNT OF THE CHECK, WHICHEVER IS GREATER. The total amount due being: Dollars and 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 State Attorney for criminal prosecution review. You may be additionally liable in a civil action for triple the amount of the check, but in no case less then \$50, together with the amount of the check, a service charge, court costs, reasonable attorney fees, and incurred bank fees, as provided in s.68.065 Person/Firm Giving notice Address City, State, Zip

### **Bad Check Program Information**

As a victim of a bad check you may file a crime report with the Miami-Dade County State Attorney Bad Check Restitution Program, provided there is sufficient information, and that the check meets all eligibility guidelines. The Program will seek full restitution for victims whenever possible; however, please keep in mind that the Program can make no recovery guarantees. By submitting the check to the Program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Program. "Restitution" refers to the face value of all checks listed on this report.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if the check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment.
- A check issued by someone not competent or of legal age.
- The check was issued by someone who is not a signatory on the account.
- The check was post dated or you were asked to hold the check.
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check.
- A check issued to pay an obligation arising from an illegal transaction
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Restitution Program.

### What to do after my crime report is filed with the Program

- The program will notify you in writing if the case is eligible for diversion.
- You may contact the Diversion Provider handling your case 30 days after the case is referred to diversion.
- Please allow us a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not "eligible" for prosecution, the documents you provided will be returned to you.

### **Filing Instructions**

- 1. Crime Report must be fully completed and notarized.
- 2. Attach checks and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "STATUTORY NOTICE." RECEIPTS OR INVOICES.
- 3. Mail Bad Check Crime Report and all other correspondence to:

Miami-Dade County State Attorney Bad Check Restitution Program 1350 NW 12 Avenue, Miami, FL 33136-2102

4. Once the check writer is enrolled in the program, ALL restitution payments must be coordinated by the State Attorney Bad Check Restitution Program. Should the check writer contact you to make payment, direct them to the Diversion Provider handling your case.