

Inside this Packet

Page	
1	Specific Requirements for Making Complaint
2	Procedure for Packet Submission
2	Sample Letter
3	Witness Statement Form
4	Worthless Check Report Form
5	Check Information Form

Vero Beach Police Department
 1055 20th Street
 Vero Beach, FL 32960
 (772)978-4600

Worthless Check Complaint Packet

Specific Requirements

For the Vero Beach Police Department



The following is a list of requirements and procedures for the pursuing of criminal prosecution of worthless checks by the Vero Beach Police Department.

- (1) The check must have been received within the City of Vero Beach, Indian River County, Florida.
- (2) The check must not have been post-dated at the time of was given.

- (3) The taker of the check must be able to appear in court and positively identify the party that presented the check.
- (4) The taker of the check must have taken a valid form of State identification and must have written this number on the check itself, along with the State from which it was issued; i.e., State issued drivers license or ID card.

OR

The check must have the following information written on it:

- (a) the full name
- (b) residence address
- (c) home phone number, if any
- (d) business phone number, if any
- (e) place of employment, if any
- (f) sex
- (g) date of birth
- (h) height
- (i) race of party presenting the check.

This information is required by Florida State Statute 832.07 to establish prima facia evidence of intent and identification.

The taker of the check must see the party presenting the check sign it, and must compare the signature to a known signature of that person, as well as a comparison to the photograph on the ID to that of the presenter.

The taker of the check should initial the check to enable the employer to later identify the taker.

Check MUST be plainly marked with "Insufficient Funds" or

"Account Closed" or "No Account" by the bank from which it is drawn.

The taker of the check MUST NOT have been asked by the party presenting the check, at the time of the checks presentation, to hold or delay depositing the check for any period of time.

If there is 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.

A notice MUST be sent VIA CERTIFIED MAIL, return receipt

requested, by the taker of the check. A sample letter is included in this packet.

Fifteen (15) days after the letter is received, or if the letter is returned undelivered, if full and final restitution has not been made, the taker of the check must have a copy of the letter sent with the certified mail receipt for said letter, plus the original check.

If after notification to the party presenting the check, restitution is not made, the following information is mandatory in order to obtain an arrest warrant, in part: (a) Weight, (b) hair Color & (c) Eye Color.

At this point, call the VBPD (Detective's Division), Monday-Friday, between 8 AM & 4 PM to set-up an appointment to file a worthless check complaint.

IF YOU HAVE ANY QUESTIONS ABOUT THE PROCESS OR HANDLING OF WORTHLESS CHECKS, PLEASE CALL DETECTIVE BRIAN HESSE AT (772)978-4667 BETWEEN THE ABOVE LISTED DAYS AND TIMES.

Procedure for Packet Submission

To make a complaint...

You will find a sample notification letter in this packet. Send a letter to the check writer in this sample letters format, and mail it registered certified mail return receipt. Keep a copy of this letter. Staple to this copy the white certified mail receipt and green return card (or letter).

SAMPLE NOTIFICATION LETTER

Insufficient funds:

Date: _____
To: _____

You are hereby notified that a check, numbered ____, issued by you on _____, drawn upon _____, has been dishonored. Pursuant to Florida law, you have fifteen (15) days from the date of this notice to tender payment of the full amount of such check plus the following applicable service charge.

Applicable service charges; \$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 percent of the face amount of the check, whichever is greater.

The total amount (includes the face amount of your check plus applicable service charges) due by you is \$ _____.

As provided in Florida State Statute 832.07, unless the amount is paid in full (partial amount NOT accepted) within the time frame specified above, the holder of such check may turn it over to local law enforcement (Vero Beach Police Department) for criminal prosecution.

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, for civil prosecution.

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

Make payable to: _____

By: _____
Signature of owner/agent/employee Date

Witness Statement

(Person who accepted check from suspect)

I, _____ (print full name), do swear that I am the person who took check # _____, drawn on _____ (name of bank), on the named account of _____
_____ (full names as they appear in the upper left corner of the referenced check, or signature if a started check), account number _____, dated _____, from _____ (name of person who signed check).

I also swear that I confirmed the identity of the person I accepted the check from by sighting his/her: (check the applicable line)

- I swear I wrote the name of the state the license was issued for, along with the license number (written legibly) on the check itself. I did compare the photograph and the signature on the license to that of the person signing and presenting the check, and they did match. I have looked at the above described check since its rejection by the bank, and I do recognize the license number and state for which it was issued in as being my handwriting.

(Signature)

I MAY BE CONTACTED AT: _____
(Mailing address; personal and work)

Work phone: () _____

Home phone: () _____

Also, I will actively assist and support the Vero Beach Police Department in the full prosecution of this case, even if I am no longer at my current place of employment.

(S) _____ Date: _____

Title of person signing: _____

***TWO WITNESSES WHICH OBSERVED THE SIGNING OF THIS STATEMENT:**

(1) _____ (NAME)
_____ (ADDRESS)

(2) _____ (NAME)
_____ (ADDRESS)

WORTHLESS CHECK REPORT

Occurrence/Location: _____ Date/Time: _____

Reporting Party – Name: _____

Address: _____

Phone Number: () _____ Type of Premises: _____

.....
Victim Information

Name of Victim: _____

(If a business, write the full legal name)

Address: _____ City/ST: _____

Zip code: _____ - Phone: () _____

.....
“Taker of the Check’s” Information

Last name: _____ First name: _____ Race/Sex: _____

Home address: _____ Apt #: _____

City: _____ St: _____ Phone; () _____

.....
Witness/Person who mailed Notification Letter (If applicable)

Last name: _____ First name: _____ Race/Sex: _____

Home address: _____ Apt #: _____

City: _____ St: _____ Phone; () _____

.....
Suspect Information:

(Person who signed the check)

Last name: _____ First name: _____ Middle: _____

Race/Sex: _____ AKA or Maiden (if known): _____ Adult (Y) (N)

Age: _____ DOB: _____ Ht: _____ Wt: _____

Eye color: _____ Hair Color: _____ Social Security #: _____

Home address: _____ Apt #: _____

City: _____ St: _____

Home phone: () _____ Business phone: () _____

CHECK INFORMATION

Can suspect be identified? Y / N

Will you prosecute? Y / N

Reason not honored by bank? NSF ACCOUNT CLOSED STOP PAYMENT OTHER

Notification of Worthless Check letter sent? Y / N Date sent? _____

How was the suspect check received? IN PERSON MAIL OTHER

Complete name(s) printed on check: _____

Date on Check: _____ Check #: _____ Amount of check: _____

Pay to the order of: _____

Bank on which drawn: _____

Signature as check is signed: _____

How did you endorse the back of the check: _____

Partial payment accepted: Y / N Was check post dated: Y / N

Is the transaction date register printed on the back of the check: Y / N

Did you agree to hold the check for a period of time before depositing it? Y / N

Type of Identification (to include number) presented by the person who signed the check?

- If a driver's license was taken, was the name of the state written along with the number on the check? Y / N

- If a check-cashing card was taken, was the signature written on the card compared to that written on the check? Y / N

Was photo/video taken of suspect cashing check? Y / N

What merchandise/amount of cash did the suspect receive? _____

Fifteen (15) days after the certified letter is received, or if the letter is returned undelivered, and restitution has not been made call for an appointment; (772) 978-4660.

Bring this completed packet, the check (Copy will be sufficient) and the demand letter (to include the return receipt) with you to our appointment.