

EXAMPLE of 15 day notice letter

Date: _____

To: _____

Address: _____

This 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 fifteen (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 Thirty (30) Dollars, the total amount due being \$_____.

Name of Business/individual

Address: _____

Telephone No. _____

Signature: _____

THE ABOVE NOTICE MUST BE SENT CERTIFIED, RETURN RECEIPT REQUESTED OR REGISTERED MAIL ON ALL CHECKS NOT STAMPED ACCOUNT CLOSED. YOU MUST WAIT 15 DAYS FROM THE DATE OF DELIVERY ON RETURN RECEIPT CARD (GREEN CARD) BEFORE CHECK CAN BE BROUGHT TO THE DISTRICT ATTORNEY'S OFFICE. IF LETTER IS RETURNED YOU DO NOT HAVE TO WAIT THE 15 DAYS.

**OFFICE OF THE DISTRICT ATTORNEY
WORTHLESS CHECK UNIT**

COMPLAINT

READ CAREFULLY! I certify that the information below is true and correct according to the best of my knowledge, information and belief. I further certify that this case is not brought for the collection of a CIVIL debt (i.e. postdated check); and I understand that once this case is turned over for prosecution, I must pay a \$30.00 fee if I personally collect the check. I understand that I have no further connection with the case except to testify in the event the case is brought to trial. 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)

Defendant's

Name: _____

Defendant's

Address: _____

Driver's Lic. No.: _____ Date of Birth: _____

Race _____ Sex _____ Social Security No.: _____

Telephone No. (home) _____ (work) _____

Place of

Employment: _____

Identification presented and information
obtained _____

Can the person who accepted the check make positive Identification? _____

Name of Person: _____

Amount of check: _____ Date check was presented: _____

What was check written

for? _____

Has any partial payment been made on the
check? _____

Was the check given to pay on account, loan or any type of pre-existing debt? _____ If
yes, what
type? _____

Additional Information or Comments:

ORIGINAL CHECK, CERTIFIED MAIL RECEIPT AND RETURN RECEIPT CARD (green card) FROM CERTIFIED LETTER THAT WAS SENT, OR ENTIRE LETTER AND GREEN CARD IF LETTER WAS RETURNED UNDELIVERABLE, MUST BE ATTACHED TO THIS COMPLAINT.

Your name and name of firm:

Address: _____

Telephone number: _____

Date: _____

Signature