

CHECK UNIT CHECK LIST

1. **The check must be stamped either Insufficient Funds or Account Closed. No check will be accepted that is Stop Payment (civil), Post Dated or Hold Check (civil) or Signature Irregular/Forgery (police).**
2. **No check will be accepted where a partial payment has been accepted or if you agreed to hold the check before depositing. This amounts to an extension of credit, therefore converting this matter from a crime to a civil dispute.**
3. **A statutory notice must be mailed to the check writer by regular mail, to the address given at the time the check was passed allowing him /her 15 days to make restitution (check amount plus service charge not to exceed \$40.00). You must keep a copy of this letter. If your letter is returned, no further waiting period is required.**
4. **The check must be accepted in HINDS COUNTY.**
5. **You are not required by law to mail a notice on a CLOSED ACCOUNT check.**
6. **A Service by Mail affidavit must be filled out by the person who mails the 15 day notice and notarized.**

MISSISSIPPI LAW REQUIRES THAT THE COMPLAINANT WISHING TO WITHDRAW A COMPLAINT MUST PAY A FEE OF THIRTY DOLLARS (\$30.00) FOR EACH COMPLAINT WITHDRAWN. IF PAYMENT IS ACCEPTED BY THE VICTIM AFTER A COMPLAINT IS FILED, THE COMPLAINT MUST BE WITHDRAWN AND THE \$30.00 FEE PAID. THIS IS NOT AN OFFICE POLICY, BUT IS REQUIRED BY LAW (SECTION 97-19-75, MS. CODE OF 1972, ANNOTATED, AS AMENDED).

7. **RECOMMENDATIONS: We strongly recommend that you view the check writer's driver's license, compare with photo, and record the number and date of birth on the check. A place of employment and employment phone number are also very beneficial in tracking check writers. As always, the name, address and home phone number of the check writer should be recorded on the check. The party receiving the check should witness the signature and initial the check as evidence of same. Also, the signature on all checks should be legible.**
8. **All defendants must be 18 years of age at the time the check was written. (Important For merchants to get date of birth at time check written)**

DISTRICT ATTORNEY

CHECK UNIT

HINDS COUNTY COURTHOUSE - 5TH FLOOR

407 E PASCAGOULA STREET

JACKSON MS

COMPLAINTS WILL NOT BE ACCEPTED BY MAIL

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 or hold check); and I understand that once this case is turned over of prosecution, I must pay a \$30.00 fee if I personally collect the check or should need to withdraw it. 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)

Check Writer's Name _____ **Phone** _____

Street Address _____

Driver's License No. _____ **Date of Birth** _____

Race _____ **Sex** _____ **Social Security No.** _____

Place of Employment _____ **Phone** _____

Name of person who accepted check _____

Can they identify check writer? Yes _____ **No** _____

Has any partial payment been made on this check? Yes _____ **No** _____

Was the check given for the purpose of satisfying a pre-existing debt? Yes _____ **No** _____

What thing of value was received? Mdse. _____ **Cash** _____ **Services** _____ **Other** _____

Check amount _____ **Check date** _____ **Additional Information** _____

THE ORIGINAL CHECK, AND AFFIDAVIT OF SERVICE BY MAIL MUST BE ATTACHED TO THIS COMPLAINT.

Your name and name of business: _____ **Date** _____

Address: _____ **Phone** _____

NOTICE OF DISHONOR

(STATUTORY LETTER TO CHECK WRITER)

Date: _____

Name: _____

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 the _____ day of _____, 20____, drawn upon (bank name) _____, 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 \$40.00, the total amount due 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 District Attorney for criminal prosecution.

NAME/COMPANY _____

ADDRESS _____

TELEPHONE _____

SIGNATURE _____

IN THE COUNTY OF HINDS

STATE OF MISSISSIPPI

VS

AFFIDAVIT OF SERVICE BY MAIL

_____, on behalf of _____ being first duly
(Name) (Merchant)

sworn on oath, deposes and states that he/she is a least eighteen (18) years of age and that on _____(date), 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:

Signature: _____

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

(Notary Public)