

**NORTHVILLE POLICE DEPARTMENT
215 W. MAIN STREET
NORTHVILLE, MICHIGAN 48167
TELEPHONE: 248-349-1234
FAX: 248-349-2397**

**** BAD CHECK COMPLAINTS ****

The following steps/items must be completed prior to filing a complaint with the Northville Police Department seeking criminal prosecution.

1. Request payment on the check twice through the appropriate financial institution.
2. Complete items 1-9 on the "Prosecutor's Required Information for Warrant on Bad Check Cases" form (see attached).
3. Complete the attached bad check notification form letter.
 - A. A photocopy of the completed notification letter is required.
 - B. It is the responsibility of the complainant to mail the notification letter and pay all postal charges.
 - C. The notification letter is to be mailed by registered mail with restricted delivery and return receipt. Letter is to be deliverable only to the addressee, who must sign for same.

Upon completion of the above listed items, and receiving a response to the registered letter (either the return receipt or the returned unclaimed letter), the following items should be submitted to the Police Department for criminal proceedings to begin.

1. The original check in question with the financial institution notation reflecting that the check has been submitted twice for payment.
2. The completed "Prosecutor's Required Information for Warrant on Bad Check Cases" form.
3. A photocopy of the completed notification form letter.
4. The postmarked receipt for certified mail.
5. The signed returned receipt or the returned unclaimed registered letter.

If there are unique circumstances present regarding a specific bad check, please contact an officer in the Detective Bureau.

NORTHVILLE POLICE DEPARTMENT

PROSECUTOR'S REQUIRED INFORMATION FOR WARRANT(S) ON BAD CHECK CASES

1. Complainant Information

Full Name: _____

Full Address: _____

Telephone #'s: _____

2. Full Name of Person Accepting Check: _____

Full Address: _____

Telephone #'s: _____

Job Title: _____ Date Check Accepted: _____ Time _____

3. Type of Identification Used: _____ #: _____

Type of Identification Used: _____ #: _____

4. Bank Drawn On: _____ Check #: _____

Account #: _____ Reason Returned: _____

5. Made Payable To: _____

6. Passed By or Name Used: _____

Address: _____

Telephone #'s: _____

7. Full Name of Person Who Can Positively Identify Check Passer: _____

8. Item Received by Check Passer for Consideration: _____

9. Date Five Day Notice was Mailed: _____

ITEM NUMBER 10 TO BE COMPLETED BY INVESTIGATING POLICE OFFICER

10. Date Account Opened: _____ Date Account Closed: _____

Closed by Whom: _____ Date Notice Mailed: _____

NOTE: THE PROSECUTOR'S OFFICE WILL NOT INVESTIGATE OR TAKE ANY ACTION ON CHECKS IF THE ABOVE QUESTIONS CANNOT BE ANSWERED IN FULL.

NOTICE TO SENDER: THIS NOTICE MUST BE SENT BY REGISTERED MAIL, RETURN RECEIPT REQUESTED, DELIVERABLE TO ADDRESSEE, ONLY TO THE PERSON WHO MADE THE CHECK.

COPY OF THIS NOTICE SHOULD BE KEPT BY THE SENDER

BAD CHECK NOTICE

TO: _____

THIS IS TO INFORM YOU THAT I AM IN RECEIPT OF A CHECK ALLEGED TO HAVE BEEN WRITTEN BY YOU.

DATED: _____ IN THE AMOUNT OF: _____

MADE PAYABLE TO: _____

NAME OF BANK DRAWN ON: _____

THIS CHECK WAS PRESENTED TO ME IN THE USUAL COURSE OF BUSINESS, AND WAS RETURNED TO ME FROM THE ABOVE SAID BANK MARKED;

INSUFFICIENT FUNDS

ACCOUNT CLOSED

IN ACCORDANCE WITH THE MICHIGAN STATUTE YOU ARE HEREBY GIVEN FIVE (5) DAYS NOTICE THAT SAID CHECK HAS NOT BEEN PAID, AND IF YOU SHALL NOT HAVE PAID THE AMOUNT DUE THEREON WITHIN FIVE (5) DAYS OF RECEIPT OF THIS NOTICE, THIS SHALL SERVE AS EVIDENCE OF INTENT TO DEFRAUD, AND A REQUEST TO THE OFFICE OF THE PROSECUTING ATTORNEY TO TAKE CRIMINAL ACTION SHALL BE MADE BY ME.

SIGNED: _____ DATE: _____

ADDRESS: _____