



District Attorney
Fifteenth Circuit Court District

ECONOMIC CRIME UNIT
500 COURTHOUSE SQUARE, SUITE 3
COLUMBIA, MS 39429
(601) 736-2164

Dear Merchant:

Your District Attorney's office provides a **totally free** service for collecting bad checks. This service has proven to be very beneficial to the businesses of our area. Since its inception, our Economic Crime Unit has collected over **5 million dollars** in bad checks and service fees from those individuals who have issued bad checks.

The collection process is not difficult once it is understood. Enclosed is a set of instructions and all forms necessary for filing a bad check complaint with our office. You may also obtain these forms by going to our website at www.da15thdistrict.org. Simply follow the directions to begin the collection process. Please understand, however, that once a complaint is filed in our office, the person must pay the **FULL FACE AMOUNT OF THE CHECK AND THE \$40.00 SERVICE FEE** *through our office only*. Some may attempt to pay you directly after hearing from us, but the check writer must be referred to our Economic Crime Unit.

If you would like to take advantage of this service, or, if you have any questions, please contact Tabitha Nelson at 601-736-2164. We will be happy to come to your business to help you get started.

We are pleased to offer this service and look forward to serving you in this way.

Sincerely,

A handwritten signature in blue ink that reads "Haldon J. Kittrell".

Haldon J. Kittrell
District Attorney

INSTRUCTIONS FOR FILING A BAD CHECK COMPLAINT

1. Prior to filing a complaint, send a statutory demand letter to the check writer at his last known address. Regular or Certified mail.

If a check writer does not pay you within 15 days as set forth in the demand letter, you may file a complaint with the Economic Crime Unit of the District Attorney's Office.

2. Send to the District Attorney's Office:

- The original bad check
- A properly completed and signed complaint form for each check
- Affidavit of service by mail (if letter was sent out regular mail) **or** proof of certified mail. Either the signature card or the unopened envelope returned by the postal service. If the signature card is signed, you must wait 15 days from the date signed.

**MAIL TO: DISTRICT ATTORNEY'S ECONOMIC CRIME UNIT
500 COURTHOUSE SQUARE, SUITE #3
COLUMBIA, MS 39429**

3. There is no cost to you for filing a bad check complaint with us. If the Economic Crime Unit succeeds in collecting the check, you will be reimbursed the full-face amount of the check plus a \$30.00 or \$40.00 service fee (any check written on or after July 1, 2004 a service fee of \$40.00 may be collected).

4. **DO NOT FILE A COMPLAINT IF ANY OF THE FOLLOWING APPLY:**

- The check was post-dated or you agreed to hold the check
- You have accepted partial payment(s) on the check
- The check was given in payment of a loan or on account
- The check is payable to someone other than the complainant
- The check was returned for any reasons other than insufficient funds or account closed

If you have any questions or require further information, please contact the Economic Crime Unit at 601-736-2164.

You can go to the Bad Check Section of our website (www.da15thdistrict.org) and you can type your notice letters and complaint forms on the site and print them off to use. If you do not have internet access, you can photocopy these forms for future use.

**HALDON J. KITTRELL
DISTRICT ATTORNEY**

Dear _____;

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 _____ 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 intent to defraud and may turn over dishonored instrument and all other information relating to the incident to the proper authorities for criminal prosecution.

Yours truly,

*Use this form if the check was written on or after July 1, 2004.

BAD CHECK COMPLAINT FORM

(ONE FORM FOR EACH CHECK SUBMITTED)

NOTE: After the complaint has been filed with the District Attorney's Office, if the complainant merchant wishes to withdraw the complaint for good cause, the complainant/merchant shall pay a statutory fee of \$30.00 to the District Attorney's Office for processing such complaint.

COUNTY WHERE CHECK ACCEPTED: _____

VICTIM DATA:

Name of business/person suffering loss on check (specific legal name of company): _____

Business/Person Address: _____

Person Who Accepted Check: _____

Acceptor's Occupation: _____
(Clerk, Manager, Cashier, etc.)

Your Phone No. _____

Acceptor's E-Mail Address: _____ Acceptor's Fax: _____

DEFENDANT DATA:

Defendant's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ Race: _____ Sex: _____

Date of Birth: _____ SSN or Driver's License No.: _____

Defendant's Place of Employment: _____

Amount of Check: _____ Date Check Accepted: _____

Can Acceptor Identify Suspect? _____ How? _____

Was the Check Writer in Acceptor's Presence? _____

Property Obtained? _____

Did Acceptor Agree to Hold Check? _____ Was Check Post-Dated? _____

Certification

I hereby certify that the above information is true and that my only interest in this matter is the prosecution of the above named individual and I will cooperate with the prosecution of this crime. I will not request that the complaint on this case be dismissed, nor will I accept payment from the above named individual without prior consent and approval of the District Attorney's Office.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

AFFIDAVIT OF SERVICE BY MAIL

STATE OF MISSISSIPPI

COUNTY OF _____

_____, being first duly sworn on oath, deposes and states that he/she is at least eighteen (18) years of age and that on (date) _____, 2____, 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 _____ (where mailed from).

AFFIANT

Subscribed to and sworn before me, this _____ day of _____, 2_____.

NOTARY PUBLIC

My commission expires:

(SEAL)