

# “Don't be a Victim of Bad Checks!”

Edward S. Berberian, Jr.  
District Attorney



Bad Check  
Restitution Program



The Office of the District Attorney,  
Marin County, CA

## A Message From Edward S. Berberian, Jr., District Attorney



*As your District Attorney, I'm always concerned about the negative impact of bad checks passed to local businesses. Millions of dollars are lost every year by merchants as a result of this ongoing problem. Bad checks affect everyone in terms of higher consumer*

*costs that must be passed on to offset losses, and increased taxes to cover the additional costs for law enforcement and prosecution.*

*In an effort to combat this problem, I have organized the Bad Check Restitution Program to assist local merchants with bad check losses. The primary goal of the program is to create a self-supporting program that obtains restitution for the victim while deterring repeat offenders.*

*First time bad check offenders are given the opportunity to avoid criminal prosecution by attending a mandatory intervention class, in addition to paying restitution. All of this is accomplished without any cost to the taxpayers.*

*Your interest and participation in this special program will benefit all law-abiding citizens and help your business improve its bottom line!*

## Cutting Your Losses As Easy As 1-2-3

- 1.** Make personal contact with the check writer. If you are unsuccessful, send a returned check notice. The check writer has 10 days to respond and remit payment.
- 2.** If you do not hear from the check writer or receive payment, contact the Bad Check Restitution Program at 1-866-801-4883 for a crime report.
- 3.** Fill out the crime report, keep copies and attach originals of all checks and notification documents, such as return receipts and bank notices, and mail to:

**Marin County  
District Attorney  
Bad Check  
Restitution Program  
P.O. Box B  
San Rafael, CA 94913-3901**

If you do not receive restitution within 60 days, contact the Marin County District Attorney Bad Check Restitution Program.

## Marin County District Attorney Bad Check Restitution Program works because...

- **Bad check reports are easy to file, and follow-up action is prompt.**
- **Upon recovery, 100% of the face value of the check is returned to the merchant.**
- **There is no minimum dollar restriction on a bad check.**
- **Offenders must complete an educational class at their expense.**
- **The program operates at no cost to the county or taxpayers.**

## Check Screening Tips

Note the check's date.  
Post-dated checks normally  
cannot be prosecuted.

Be wary of new accounts.

Get  
a  
complete  
street  
address,  
not just  
a P.O.  
Box  
and  
verify  
phone.

John Doe  
123 Somewhere Ave.  
Anytown, USA12345  
(999) 999-0000

1002

4/26/2005

Your Business  
Seventy Five Dollars & 20/100

\$75.20

John Doe

Observe the writer's signature and make  
sure the signature matches their I.D.

Make  
sure  
written  
and  
figure  
amounts  
match.

## Check Acceptance Tips:

- Institute a check acceptance policy. A clearly posted policy for your employees and customers can reduce your losses.
- Accept checks written only with today's date. Post-dated checks are civil matters and are not accepted in the Marin County District Attorney Bad Check Restitution Program.
- Trust your instincts! If something doesn't seem right, ask questions or ask for another form of payment. You are not obligated to accept a check.

### A check is ELIGIBLE for this program if:

- The amount is no more than \$5,000 (or multiple checks do not exceed this limit). There are no minimum dollar restrictions.
- The check was received in Marin County, deposited in a bank in exchange for goods or services and was presumed "good" at the time of acceptance.
- A "Returned Check Notice" was sent to check writer allowing 10 days to make check good.
- The check is submitted to the program within 90 days from the date of the check.
- A photo I.D. (driver's license, state identification card) was recorded at the time of transaction.

### A check is INELIGIBLE if:

- It is post-dated.
- Both parties knew there were insufficient funds at the time of transaction.
- It is a two-party, government, stop payment or payroll check.
- The identity of the check writer is unknown.
- There is no amount, date, or signature on the check.
- The numeric and written amounts on check do not match.
- The check involves an "extension of credit" or was payment on an account.
- The check has not been processed by a bank.

Checks ineligible for the Marin County District Attorney  
Bad Check Restitution Program may be pursued via  
Small Claims Court process or by a private collection agency.

## Marin County District Attorney Bad Check Restitution Program

P.O. Box B  
San Rafael, CA 94913-3901

[www.checkprogram.com/marincountyca](http://www.checkprogram.com/marincountyca)

1-866-801-4883

BROCHURE NOT PRINTED AT TAXPAYER EXPENSE



# BAD CHECK CRIME REPORT

5/15/06

EDWARD S. BERBERIAN, JR.  
MARIN COUNTY DISTRICT ATTORNEY

FILE REPORTS BY MAIL TO: P.O. BOX B, SAN RAFAEL, CA 94913-3901  
(postal address only)

MERCHANT HOTLINE: (866) 801-4883 • REFER CHECK WRITERS TO: (866) 801-4889

WEBSITE: [WWW.CHECKPROGRAM.COM/MARINCOUNTYCA](http://WWW.CHECKPROGRAM.COM/MARINCOUNTYCA)

### ALL FIELDS ARE REQUIRED.

TO PREVENT A DELAY IN FILING, PLEASE ENSURE ALL FIELDS MARKED WITH AN \* ASTERISK ARE COMPLETED.

PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK AND SIGN BELOW.

1. Was check post-dated at time of acceptance?  Yes  No    4. Were you asked to hold or delay depositing the check(s)?  Yes  No  
 2. Does this matter involve a two-party check?  Yes  No    5. Does the check involve an extension of credit?  Yes  No  
 3. Was check received as payment on an account?  Yes  No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the District Attorney. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all boxes were checked "NO," please complete this report, date and sign it and forward to the above mailing address.

Prior to submission, a "Returned Check Notice" should be sent to the check writer (see sample notice on reverse side.)

On what date did you send notice? \_\_\_\_\_ Please attach documentation. Certified mail fee: \_\_\_\_\_ Returned item fee: \_\_\_\_\_

<b>1</b> <b>SUSPECT</b>	Check writer's full name as written on check				
	Address(es)				
	City	State	Zip	Home Phone #	Other Phone #

Staple Documents Here	Driver's License #	State	Expiration date	Other ID
	How did you obtain the check writer's identification? <input type="checkbox"/> Driver's License <input type="checkbox"/> Police Report (# _____) <input type="checkbox"/> Check Cashing Card <input type="checkbox"/> Other _____		Do you need notification that this crime report has been accepted into the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate how you would prefer to be notified. <input type="checkbox"/> Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____	

<b>2</b> <b>CHECKS</b>	Check #	Date Received	Amount	What was check for?	Person Accepting Check (If person accepting check is no longer employed, please list manager's name.)	Can person ID check writer?
List Additional Checks On Another Form And Attach						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**3**  
**VICTIM**  
(person filing)

**\* Required Field For Processing**

**\*WERE YOU ASSESSED BANK CHARGE(S) FOR THE ATTACHED BAD CHECK(S)**  Yes  No  
**IF YES, FILL IN AMOUNT OF BANK CHARGE PER CHECK \$ \_\_\_\_\_ \***

Please note per California Penal Code 1001.65(c) you are eligible to be reimbursed up to \$10 per check for assessed bank charges.

*Victim / Firm Name	*Phone	*Fax
*Victim Address	*City	*State    *Zip
*Name of person filing	*Email Address	
*Address where check was accepted if different from the above address		

I understand that I must **NOT** accept restitution from the check writer after filing this report with the Bad Check Program. Initial here \_\_\_\_\_

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY **UNDER PENALTY OF PERJURY**, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person Filing \_\_\_\_\_ Print Name \_\_\_\_\_ Date Filed \_\_\_\_\_

**FILING THE BAD CHECK CRIME REPORT:**

Victims of bad checks may file a report with the Marin County District Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The District Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. "Restitution" refers to the face value of all checks listed in the report, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. **FILL OUT REPORT COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "RETURNED CHECK NOTICE," "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES).** **COPY ALL INFORMATION FOR YOUR RECORDS.**
- B. Mail this report directly to the Marin County District Attorney Bad Check Restitution Program (address listed below).
- C. Once a report has been filed: **ALL** restitution payments must be coordinated by the District Attorney's Office. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (866) 801-4889.

**AFTER FILING:**

- A. If you do not receive restitution within 60 days, contact the District Attorney Bad Check Restitution Program.
- B. If restitution is not received from the check writer, your report will be evaluated for criminal prosecution.
- C. **IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason the report is not prosecutable, the check(s) will be returned at your request.

**SAMPLE "RETURNED CHECK NOTICE"**

Date

Dear Check Writer:

You are hereby notified that a check numbered \_\_\_\_\_ in the face amount of \$\_\_\_\_\_, issued by you on \_\_\_\_\_ drawn upon \_\_\_\_\_ bank, and payable to \_\_\_\_\_, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$\_\_\_\_, the total amount due being \$\_\_\_\_\_.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the District Attorney for criminal prosecution.

Closing,  
Your name/address

**MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:**

*MARIN COUNTY DISTRICT ATTORNEY BAD CHECK RESTITUTION PROGRAM*

*P. O. BOX B, SAN RAFAEL, CA 94913-3901*

*[www.checkprogram.com/marincountyca](http://www.checkprogram.com/marincountyca)*