



CHIPPEWA COUNTY DISTRICT ATTORNEY'S OFFICE

WADE C. NEWELL, District Attorney

Chippewa County District Attorney's CHECK DIVERSION PROGRAM

**RESTITUTION GUIDE FOR MERCHANTS AND
RESIDENTS**



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Dear Chippewa County Merchants and Citizens:

Worthless checks diminish the profits of all businesses, and have even put some businesses out of business. As consumers and taxpayers, we all pay higher prices to make up for the losses associated with worthless checks. Chippewa County courts handle the second highest caseloads in the state, including a substantial number of worthless check prosecutions. The overwhelming worthless check caseload has burdened the District Attorney's resources and I am unsatisfied with delays in prosecution, delayed restitution payments and insufficient punishment for repeat offenders. No more.

Effective immediately, Chippewa County implements The Worthless Check Initiative as a more efficient way to handle worthless checks.

The goals of the program include:

- 1) Recover full restitution from individuals who write bad checks.
- 2) Recover restitution within a reasonable amount of time.
- 3) Educate defendants to prevent repeated worthless checks.
- 4) Educate merchants/citizens to identify and prevent worthless checks.
- 5) Reduce expenses incurred by the taxpayer by reducing law enforcement investigations and lessening an overburdened court workload.
- 6) Transfer the expense of worthless checks back onto those who write worthless checks.

The program comes at no cost to the taxpayer or area merchants. Writers of worthless checks will financially support the new program.

If you have further questions after reviewing this packet, please contact the Check Diversion Program at 715-738-2998 or 715-726-7798.

Very truly yours,

Wade C. Newell
District Attorney

PROGRAM SUMMARY

- A. Check writer pays the Check Diversion Program - 100% of the face value of the check is returned to the merchant plus bank fees, if paid.
- B. Offender completes a financial counseling program offered by the Check Diversion Program.
- C. Check writer fails to pay – the check is sent for prosecution review and proceedings.

Checks eligible for the Program

- NSF, Account Closed, Refer to Maker, Debit card charge backs, ACH NSF's and Electronic Checks received within Chippewa County that do not exceed \$2500.00.
If your check exceeds \$2500.00 please report to law enforcement.
- Worthless checks LESS THAN 120 DAYS from the date issued by the check writer.
(exception: first time program users can send checks up to 2 years old)

Checks not eligible for the Program

- **Promissory notes and/or arrangement to hold the check for deposit or credit extensions.**
- **Second party checks**
- **Stop Payment Checks**
- **Payroll Checks**
- **Checks that are going through or have gone through Small Claims Court**
- **Checks that are currently in collections by a collection agency or attorney (law firm)**
(checks can be forwarded to check diversion program after agency has sent them back)

STEPS TO FILING A COMPLAINT FORM

The two documents below must be completed before any checks can be processed in the program.

1. The “**Memorandum of Understanding**”. Send this with your first checks.
You need to send this in one time only.
2. A completed “**Preliminary Worthless Check Report**” form must accompany
each check submitted to be considered for prosecution.
You must submit the original check(s) or a copy (if checks are imaged) stamped by the bank with the reason it was returned to you.

Mail checks to : Chippewa County Check Diversion Program
Criminal Justice Services
711 N. Bridge St., Room 221
Chippewa Falls, WI 54729

DO NOT SUBMIT CHECKS TO THE DISTRICT ATTORNEY’S OFFICE

WORTHLESS CHECK PROGRAM REPORTING

For information on checks sent in call 715-738-2998

Restitution recovered will be handled as follows:

- Paid in full restitution will be deposited into a trust account and paid back monthly.
- Payment plans will be deposited into a trust account and paid back after final payment is received.

WHEN TO CONTACT LAW ENFORCEMENT

Contact your local law enforcement agency to report:

- Counterfeit check(s)
- Altered checks
- Forged checks of any amount
- Checking account opened using fraudulent information
- Stolen checks
- Returned checks greater than \$2500.00

When you are a victim of the above crimes, call your local Law Enforcement agency to file a report.

You must report these crimes *immediately* upon knowing.

SIGNAGE

The following signage is required by Wisconsin law to allow merchants to enforce collection of service charges and civil penalties. This must be posted where your customers can see the service charge at the time the check is accepted by the merchant. Copy as needed.

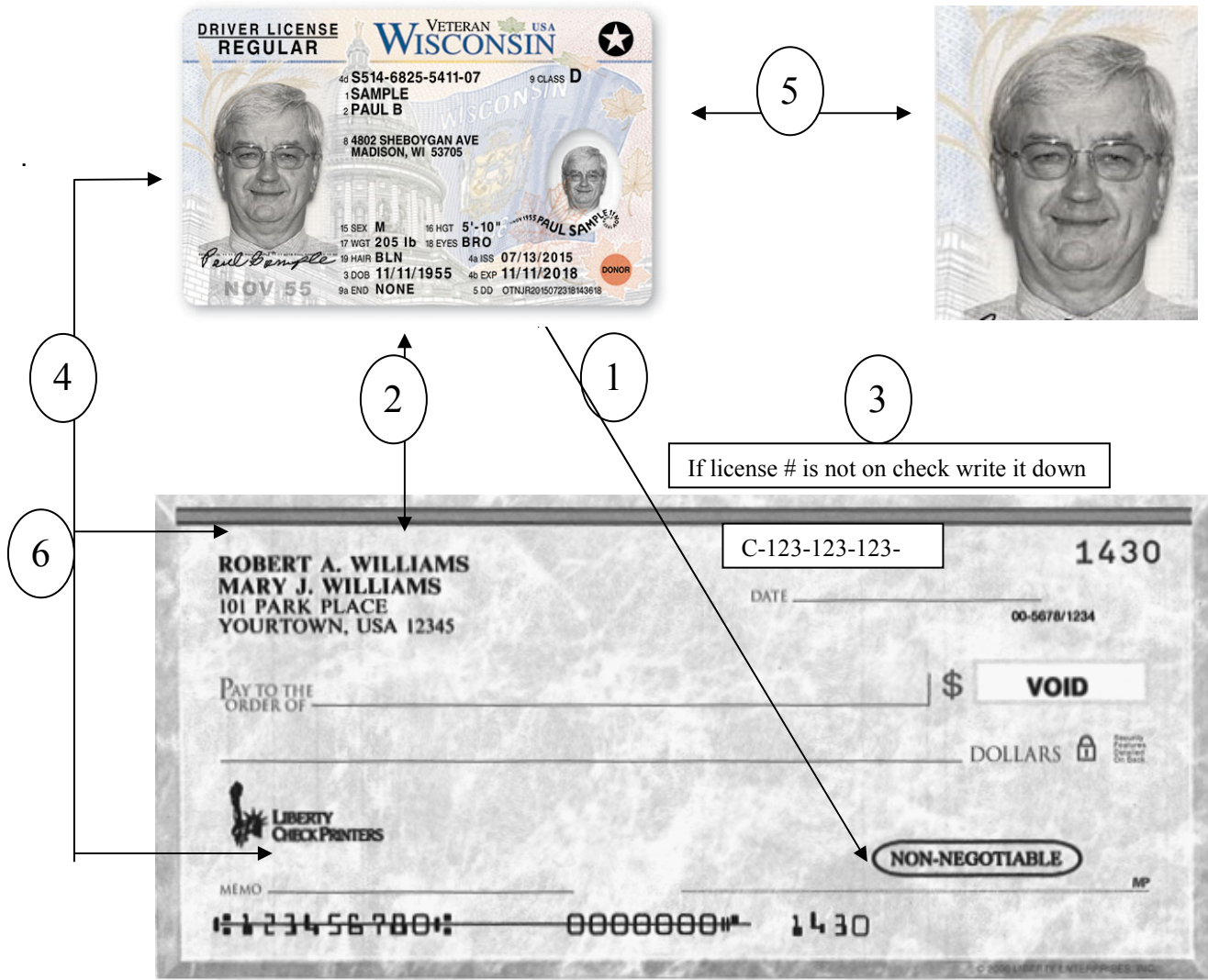
**IT'S AGAINST THE LAW TO WRITE A BAD
CHECK IN WISCONSIN**

**Checks returned to us for nonpayment
are subject to a service charge of**

\$30

**Additional civil penalty may be imposed
on checks returned for nonpayment after 30 days.**

CHECK ACCEPTANCE PROCEDURES



1. Check the signatures on the identification card and match this signature to the signature on the check (endorsement line). If these signatures do not match, acceptance should be declined
2. Make sure the identification card matches name and address on the check
If time permits write down good address as indicated by customer
3. Record or circle the Drivers License number or identification number
4. Record date of birth (i.e. DOB 1/29/72)
5. Make sure photo on identification card matches customer
6. Have employee initial upper left corner
7. Telephone number

MEMORANDUM OF UNDERSTANDING

It is my intention to submit worthless checks to the Check Diversion Program. This is an acknowledgement to cooperate with all aspects of this program including:

To appear as witness, or have my staff appear as witnesses, as required for any prosecution of a worthless check submitted in this program.

I further agree that once a check has been submitted, I will NOT ACCEPT restitution from anyone, except from the Check Diversion Program. If restitution is accepted from anyone other than the Check Diversion Program, I could be liable for services performed and could be excluded from future service of this program for at least one year.

If I accept payment directly from the bad check writer, I will report payment within 24 hours. I understand that if payments directly to my business seem excessive, I may be assessed \$30 for each check for which I accept payment.

By this acknowledgement, when I forward a check to the Check Diversion Program, I am foregoing my right to personally recover any service charges or civil penalties. These service charges or penalties, if any, will be collected through the Check Diversion Program. I also understand that I am gifting the \$30.00 NSF fee allowed by state statute to the Check Diversion Program.

I am aware, and fully understand that this program was established by the Chippewa County District Attorney and the Chippewa County District Attorney's Office is held harmless and has no liability for the inability to make recovery of any check(s).

I also understand that the Chippewa County Sheriff's Office, Police Departments and District Attorney's office may pursue any and all legal criminal remedies for recovery of check(s) available to their offices.

I agree that in the event of a disputed check, a process for arbitration will be used to resolve the claims. I also agree to accept and abide by the decision of the mediator's judgment and make settlement of any fees, if found liable as a due course of arbitration. CDP may mediate my claims in good faith and be held harmless for any activities taken on my behalf.

I have received the copies of the restitution forms and guidelines for submitting checks to this program that I must complete. I recognize that a request for complaint form must be completed for each check being submitted.

As a merchant, I will ensure that I communicate to all my employees the proper check cashing/acceptance procedures, and display our check cashing policy and Wisconsin state law regarding check penalties as required by this program.

I understand that with out proper photo identification such as a drivers license or state identification card recorded or verified during the transaction there may be limitations in pursuing the worthless check writer.

Signature of Company Representative

Title

Date

Printed name of above signature: _____

Please type or print the following information

Business Name _____

Address _____

City/State/Zip _____

Contact Name _____ Business number _____ Cell number _____

Email Address: _____

PRELIMINARY WORTHLESS CHECK REPORT
AND REQUEST FOR COMPLAINT

Mail to: Chippewa County Check Diversion Program
Criminal Justice Services
711 N. Bridge St.
Room 221
Chippewa Falls, WI 54729

MASTER FILE NUMBER (FCS Complete)	CASE NUMBER (FCS/Police Complete)	COURT FILE NUMBER (FCS/Police Complete)
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BELOW TO BE COMPLETED BY PERSON WHO ACCEPTED THE CHECK (Please fill out form as completely as you can)

VICTIM OR FIRM NAME	ADDRESS	BANK HANDLING FEE per CHECK
PERSON FILING COMPLAINT	CITY, STATE, ZIP CODE	BUSINESS PHONE ()
	E-MAIL ADDRESS	BUSINESS FAX ()

CAN ACCEPTOR ID CHECK WRITER THROUGH PHOTO LINE UP OR IN PERSON
(CIRCLE ONE)

YES

NO

(if yes is circled attach the single check with this form, if NO circled attach as many checks as you would like)

Check Acceptor information: PHONE # ADDRESS DOB Fill in the above information if you have circled YES above	ADDITIONAL WITNESS PHONE # ADDRESS DOB Fill in the above information if you have circled YES above	
DO YOU HAVE VIDEO OR RECORDING CUSTOMER AND IS IT AVAILABLE: YES ____ No ____	If yes please make still images and attach to form	

PHONE CALLS/DATE:	
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COMMENTS

The check(s) in question is (are) submitted for criminal prosecution. By submitting this check(s) for prosecution, I agree NOT to accept restitution from the suspect or his/her agent. I certify that this report is true, accurate and complete to the best of my knowledge.

DATE: _____
Victim Signature and Title _____ Company _____