

CLARK COUNTY DISTRICT ATTORNEY

WORTHLESS CHECK DIVERSION PROGRAM

RESTITUTION GUIDE FOR
MERCHANTS AND RESIDENTS

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Dear Clark County Merchants and Residents:

As consumers and taxpayers, we all pay higher prices because of the losses associated with people issuing worthless checks. Our office and law enforcement spend significant resources investigating and prosecuting people who issue worthless checks. Along with this, the number of worthless check cases increases every year.

In response to concerns regarding worthless checks, my office and your local law enforcement have implemented a worthless check diversion program.

The main goals of the program are:

- Restitution for victims
- Increase accountability of people who issue worthless checks
- Educate and assist Clark County merchants and residents in reducing the number of worthless checks written
- Reduce the costs for investigating and prosecuting worthless check cases

The program is at no cost to the taxpayer or area merchants. It is solely supported by the people who issue the worthless checks.

If you have further questions after reviewing this packet, please contact the Check Diversion Program at 1-800-906-8182.

Very truly yours,

Darwin L. Zwieg
Clark County 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

- Checks or other orders of payment falling under the statutory definition as set forth in Wisconsin Statute 943.24.
**If your check exceeds \$2500.00 please report to law enforcement.
Rent checks up to \$1000.00**
- NSF, Account Closed, Refer to Maker, Stop Payment, Business to Business, rent
- Worthless checks LESS THAN 120 DAYS from the date issued by the check writer.

Checks not eligible for the Program

- **Promissory notes and/or arrangement to hold the check for deposit or credit extensions.**
- **Second party checks**
- **Payroll Checks**
- **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 batch of check(s) submitted.
You must submit the original check(s) or copy (if checks are imaged) stamped by the bank with the reason it was returned to you.

Mail checks to : **Clark County Check Diversion Program**
 PO Box 190
 Hager City, WI 54014-0190

WORTHLESS CHECK PROGRAM REPORTING

For information on checks sent in call 1-800-880-5420

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

Report:

- Counterfeit check(s)
- Altered checks
- Forged checks of any amount
- Checking account opened using fraudulent information
- Stolen checks

When you are a victim of the above crimes, call your local Law Enforcement to file a report. An officer will take an initial 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.

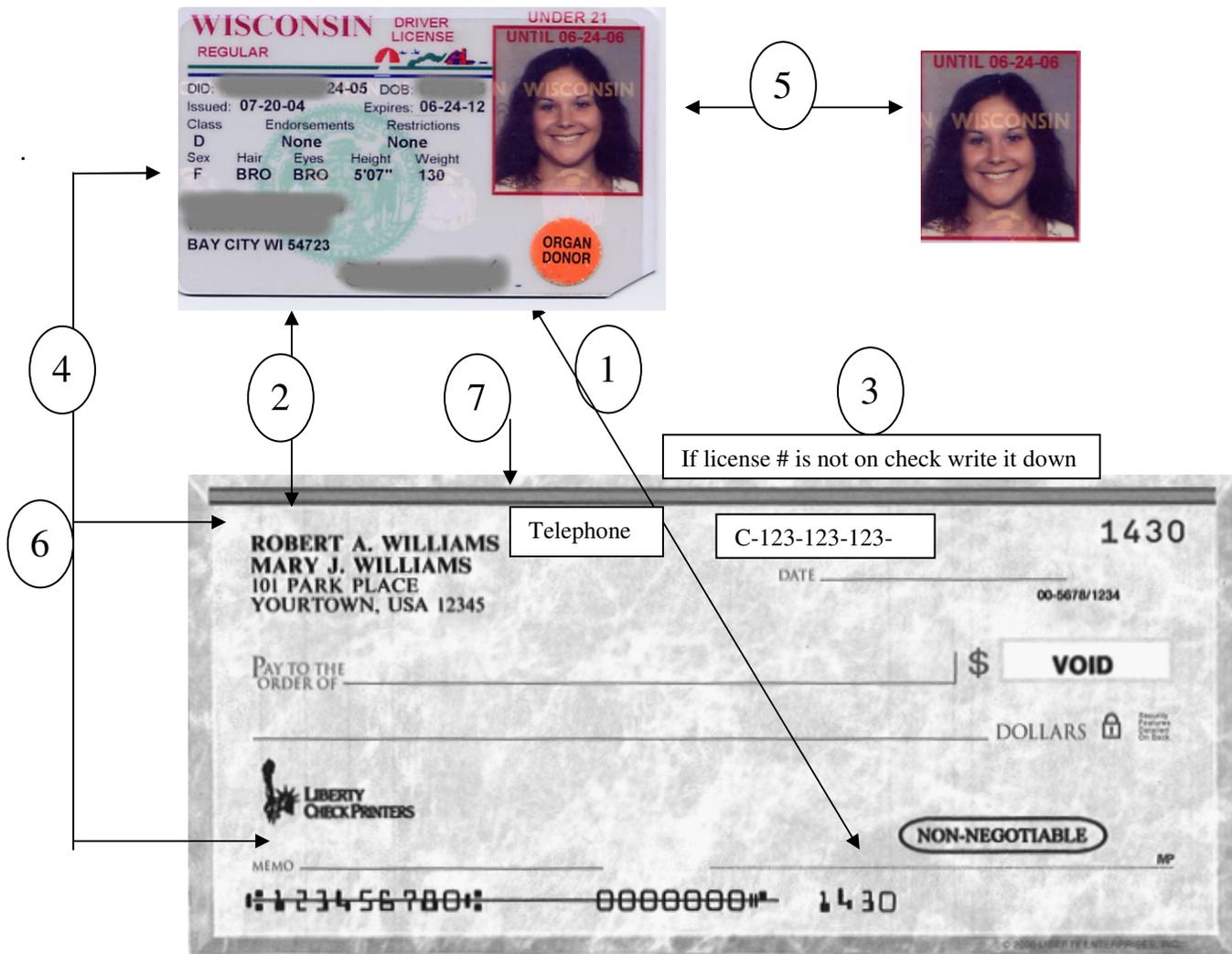
**IT'S AGAINST THE LAW TO WRITE A BAD
CHECK IN WISCONSIN**

**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 of the Check Writer

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 Clark County District Attorney and the Clark 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 Clark 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 judgement 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 batch of checks 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 without 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

Please type or print the following information

Business Name _____

Address _____

City/State/Zip _____

Contact Name _____ Telephone number _____

Email Address: _____

