



BAD CHECK COMPLAINT FORM

- We do not accept **Third-Party Checks**, or checks marked "**Refer to Maker**" or "**Stop Payment**." If your check is marked "**Refer to Maker**," please ask the bank that processed the check to stamp another reason on it. If the check is marked "**Stop Payment**," please refer to the instruction sheet for pursuing Stop Payment checks found after the Bad Check Complaint Form, which appears on the following page.
- We do NOT accept checks when the date of the check is beyond the statute of limitations.
 - Insufficient Funds Under \$500: One (1) year from the date of check
 - Over \$500 or Account Closed: Three (3) years from the date of check
- Please be sure to make two (2) copies, front and back, of the legal copy of the check (one for your records, the other to submit with the original check to our office). **We will not process a bad check request without the legal copy of the check.**
- You must notify our office if the check writer offers or attempts to pay you directly. Please do not accept a direct payment. This permits the bad check writer to avoid paying for our service on your behalf and affects our ability to keep accurate records. **If you accept payment for a check that has been submitted to this office, you will be responsible for our office fees (up to \$80.00).**
- If you accept partial payment of the check, you will not be able to proceed with criminal prosecution.

Please wait at least 31 business days to contact our office unless the check writer attempts to pay you directly.

- Checks written by out-of-state residents are generally beyond the extradition power accorded to our unit. We will send a preliminary collection letter, but you should otherwise plan collection of these checks through civil measures.
- We require the check writer to remit a money order or cashier's check for the face value of the check, any service charge incurred by you, and our administrative handling fees. Please call if you have any questions.

Financial & Civil Matters Unit
1114 Market St., Room 758
St. Louis, MO 63101
Phone: (314) 622-4235
Fax: (314)613-3105

BAD CHECK COMPLAINT FORM

****All checks must have been received in the City of St. Louis****

PLEASE PRINT

Person who signed bad check: _____

Last Known Address: _____

Reimbursement should be sent to: _____

Check was payable to: _____

Check Amount(s): _____ Service Charge (if applicable): _____

Check Number (s): _____ Date of Check(s): _____

Address at which check was received: _____

Date check was received: _____

What was check for:

Why was check returned? ☐ NSF (Insufficient Funds ☐ Account Closed
 ☐ No Account ☐ Other *Read 1st page

Did person accepting check agree to hold the check before cashing? ☐ Yes ☐ No

If yes, state reason:

Police Station patrolling area where check was received:

☐ Area I - District 1,2,3 ☐ Area II - District 4,5,9 ☐ Area III - District 6,7,8

Did person accepting check require a photo ID? **☐ Yes ☐ No**

Can person who accepted check ID person who signed check? **☐ Yes ☐ No**

Have you filed any civil action against the check writer which concerns this check? ☐ Yes ☐ No

Has the person signing the check made payment for any part of it? ☐ Yes ☐ No

Are you aware if the check writer has filed bankruptcy? **☐ Yes ☐ No**

Name, address, and daytime phone number of person accepting bad check:

Name, address, and daytime phone number of person bringing check to CAO:

INSTRUCTIONS TO VICTIMS OF STOP PAYMENT CHECKS

Section 570.125, subsection 1, R.S.Mo., states:

"A person commits the crime of 'fraudulently stopping payment of an instrument' if he or she, with the purpose to defraud, stops payment on a check, draft, or debit device used in payment for the receipt of goods or services." Note that a legally fraudulent intent must be proven in order for a person to be prosecuted under this section, as a person has a right to stop payment on a check for legitimate reasons.

To prosecute a person for this crime:

1. Mail the issuer of the check a notice by certified mail or registered mail. Send the notice to the issuer at his/her address as it appears on the dishonored check or to the last known address (a sample notice that meets statutory requirements is attached).
2. Keep a copy of the notice you mail.
3. Keep the certified or registered mailing stub from the notice you mail.
4. Keep the receipt returned to you when the certified or registered letter is delivered.
5. 'If the matter is not resolved within ten days after your written notice, take the check, a copy of your letter, your certified mailing stub, and the return receipt to the Area Police Station that patrols the area where the check was received.
6. Ask the police to investigate and handle your complaint just like any other complaint made to them.

SAMPLE NOTICE FOR STOP PAYMENT CHECK

Mr. John Doe
123 North Street
St. Louis, Missouri 63101

RE: STOP PAYMENT on Check # _____ in the amount of \$ _____
dated ____ - ____ - ____ drawn on Account _____ at _____
bank.

Dear Mr. Doe:

TAKE NOTICE that the above-noted check which you issued to this payee for
{describe service or item check was for} has not been paid because of a stop
payment order by you to the drawee.

Your failure to make good on this check within ten days of receipt of this notice
may subject you to CRIMINAL PROSECUTION under Section 570.125 R.S.Mo.
for fraudulently stopping payment of an instrument.

{Signature}

{Name of Payee}

{Business address and telephone number}