

Middleton Police Department

7341 Donna Drive

Middleton, WI 53562

608/824-7300 Fax/833-9990



Troy Hellenbrand
Chief of Police

WORTHLESS CHECK COMPLAINT POLICIES

1. The reverse side of this form must be completed and accompany the worthless check as returned by the bank.
2. If the check was returned as a “forgery”, contact us immediately.
3. Checks should be turned in for investigation within 60 days of your having received them. Exceptions to this 60 day limit may be made when you have made diligent efforts to contact the check writer and obtain payment.
4. Identification should be required and copied onto the check.
5. If the check was returned at least once marked “NSF” or “Non-Sufficient Funds”, then the check writer must be notified and a demand for payment within 5 days must be made. No offense has been committed unless five days have passed since notice was received by the check writer and no payment has been made.
6. If the check has to be handled as a “NSF” check then proof of positive contact must be attached to this form. Either a copy of the letter sent to the check writer by certified mail (return receipt requested to show to whom, date and address of delivery) and the signed return receipt; or an affidavit signed by a person stating that he/she informed the check writer verbally that the check was worthless, that he/she demanded payment be made and on what date the demand was made.
7. If the check was returned marked “Account Closed” or “No Account” then the bank at which the account was held must be contacted to learn the date that the account was closed. If the account was closed prior to 5 days before the check was passed, then no notice need be given to the check writer and the case can be reported for investigation. If the account was closed after the check was passed or within 5 days before the check was passed, then the case must be handled as a Non-Sufficient Funds Check.
8. The check writer can not be prosecuted if the check was post dated, payment for some past consideration (credit extended) except a payroll check or if partial payment has been accepted.
9. It is understood that this information is given to the Middleton Police Department for the purpose of prosecution and not for collection.
10. By filing this form the victim agrees to participate in the prosecution of this offense. We reserve the right to decline the investigation of a worthless check brought to us by a victim who in the past has withdrawn his support of prosecution of a case once restitution was obtained.

WORTHLESS CHECK COMPLAINT

- | | |
|--|----------------|
| ✓ Was the check(s) written for an amount in excess of \$100.00? | Yes ___ No ___ |
| ✓ Was identification made of the check writer (DL, Photo ID, etc)? | Yes ___ No ___ |
| ✓ Is the check drawn on a Wisconsin Bank? | Yes ___ No ___ |
| ✓ Was the check issued within the last 60days? | Yes ___ No ___ |

If the answer to any of the questions above is "No", the case will not be accepted for investigation and must be pursued civilly or through a private collections agency. In addition, two party checks, post dated checks, checks held at the writer's request or checks in which partial payment has already been accepted cannot be prosecuted under Wisconsin statutes.

Case #: _____

Victim/Business/Payee: _____ Birthdate: _____

Address: _____ Phone #: _____

Person receiving check: _____ Birthdate: _____

Address: _____ Phone #: _____

Can he/she identify person passing check? _____

Name of person who signed check: _____

Address: _____ Phone #: _____

Identification used (types):

Birthdate: _____ Sex: _____ Race: _____ Weight: _____ Hair: _____ Eyes: _____

Vehicle description: _____ License #: _____

Name on account: _____

Financial Institution: _____

Address: _____

Amount: _____ Date: _____ Check #: _____ Account #: _____

Check returned: () NSF () Account Closed () Forgery

Was the check postdated?: _____ Was a partial payment made?: _____

Was the check held at the writer's request?: _____ Was check a third party check?: _____

What did the writer get in return for the check?: _____

NSF demand for payment 5 day notice:

How was demand made?: _____ Date: _____

By whom?: _____

Other information: _____

The above information is correct to the best of my knowledge.

Signature

Date



Middleton Municipal Court

Honorable Marjorie H. Schuett

7341 Donna Drive

Middleton, WI 53562

(608) 824-7370 (608) 833-9995 (Fax)

RESTITUTION REQUEST FORM

The Middleton Municipal Court has been notified by the Middleton Police Department that you were the victim of an ordinance violation which resulted in you having suffered property damage, property loss, or personal injury. If the person responsible for the violation is caught and convicted, the Court may order that person to pay you for some or all of your loss. In order for the Court to proceed, you must complete and submit this form to the Middleton Municipal Court at the above address by the following date. *Note: An order of restitution by the Court does not guarantee compliance by the defendant.*

TO BE COMPLETED BY THE MIDDLETON POLICE DEPARTMENT

DEADLINE TO SUBMIT RESTITUION REQUEST FORM: _____

CITATION NUMBER(S): _____

DEFENDANT NAME: _____

TO BE COMPLETED BY THE VICTIM

NAME (PRINT): _____

ADDRESS: _____

(street address, city, state, and zip code)

(home phone number)

(cell number)

(email address)

CHECK ONE: I do not want anything. Sign & date the bottom of the form and return to the Court.
 I do want monetary restitution. Complete the rest of the form and return to the Court.

AMOUNT OF RESTITUTION YOU ARE REQUESTING: \$ _____

The above figure represents the following property damage or loss, medical bills or lost wages that you have sustained as a result of the violation. **(DO NOT INCLUDE AMOUNTS PAID BY INSURANCE.)** List each item and the amount being claimed. For additional space, use the back or attach a separate sheet of paper.

IMPORTANT: Attach copies of bills, receipts, estimates, proof of lost wages from your employer, or other information explaining the above figures. If you are attaching estimates for repair work, please indicate if work was completed and the final cost of completed work. Not attaching this paperwork could delay or cause your request to be denied.

\$ _____

\$ _____

\$ _____

INSURANCE: Do you have insurance covering any of the above amounts? Yes (see below) No
If yes, attach a copy of your insurance company's name, address, claim adjuster's telephone number, policy number, claim number, and the amount covered.

Signature: _____ Date: _____