

COCHISE COUNTY ATTORNEY BAD CHECK PROGRAM

Brian McIntyre, Cochise County Attorney

The Bad Check Program is a service provided to all merchants and citizens of Cochise County free of charge.

Upon notice from a bank or other financial institution that a check has been dishonored, the merchant or citizen must follow these steps to ensure eligibility in the bad check program.

1. Provide the check writer notice that the check was dishonored. Notice may be (1) actual notice, (2) regular mail that is supported by an affidavit of mailing, or (3) notice in writing that is sent by certified mail, return receipt requested. The check writer has 12 calendar days upon notice (17 days if notice sent by mail) to pay the total amount due, including all reasonable costs. You may submit the dishonored check to the Bad Check Program at the conclusion of the 12 days if payment in full has not been received.
2. Complete the "Request for Bad Check Assistance" form (page 2) and attach the following items:
 - A) A copy of the dishonored check or bank certified copy of the dishonored check.
 - B) A copy of the "Notice of Dishonored Check" form (page 3) that was sent to the check writer.
 - C) A copy of the "Affidavit of Mailing" form (page 4) or the certified mail receipt.
 - D) Attach any other documents or logs relevant to the bad check.

Keep original receipts such as copies of bank notices or other documents that memorialize your experience as a result of your acceptance of the dishonored check.

General Guidelines

- The merchant or individual must refuse payment after the check has been accepted into the Bad Check Program, and refer the check writer to the Bad Check Program Coordinator.
- Collection costs in excess of \$25.00 must be accompanied by a written explanation of the requested costs.
- Identifying the check writer is essential. Proper forms of identification include a Driver's License, an Arizona Identification Card, a Military Identification Card, or a valid Bank Card. If possible, the check writer's date of birth should also be taken. The person accepting the check should do a photo comparison with the subject passing the check.

The following checks will not be accepted into the Program:

- A) Two-party checks; and
- B) Checks not presented to the bank for payment within 30 days of the date written on the face of the check.

Funds collected through the program on your behalf will be sent to you by the Cochise County Treasurer.

Due to the number of cases we handle, we will not contact you unless there is something needed in order to further pursue prosecution and restitution. You may call the Bad Check Program Coordinator at any time for an update on the progress of your case, or if you have any questions at (520) 432-8700.

REQUEST FOR BAD CHECK ASSISTANCE

MAIL REQUEST TO: Cochise County Attorney's
Office Attn: Bad Check Program
P.O Drawer CA,
Bisbee, Arizona 85603

For questions contact:
(520) 432-8700

VICTIM INFORMATION (Individual or Business Owner):

Name: _____

Address: _____

Telephone Number: _____ Alternative Telephone Number: _____

Fax: _____ E-mail: _____

INDIVIDUAL WHO ACCEPTED THE CHECK:

Name: _____

Address: _____

Telephone Number: _____ Alternative Telephone Number: _____

Can he/she identify the Check Writer? Yes No

Have any attempts been made to contact the check writer? Yes No

If yes, please describe dates and type of contact made and describe any response: _____

List the type and number of the identification accepted: Type: _____ No.: _____

In addition, I am requesting \$_____ for reasonable costs of processing this check for collection.

I have attached the dishonored check, copy of the Notice of Dishonored Check, and the Affidavit of Service or certified mail receipt. (Attach any documents you believe are relevant.)

I agree to (1) Make myself and the person who accepted the check available for Court if necessary; and (2) Not solicit or accept payment(s) from the check writer without prior authorization from the Cochise County Attorney's Bad Check Program Coordinator.

Signature of Requestor

Date

NOTICE OF DISHONORED CHECK

Date: _____

Name of Check Writer: _____

Street Address: _____

City, State, Zip Code: _____

You are, according to law, hereby notified that a check or instrument numbered _____, dated _____, 20____, drawn on _____ (bank or other drawee) in the amount of \$ _____, and payable to _____ has been dishonored.

Pursuant to Arizona law, you have twelve (12) days from the receipt of this notice to pay or tender to _____ (holder) the full amount of the check or instrument, together with all reasonable costs and protest fees of \$ _____, the total amount due being \$ _____.

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

Signature: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____