

# BAD CHECK STEPS

## IMPORTANT INFORMATION:

**Deposit or present the check promptly.** If the check is not received by the customer's bank within **30 days** of your receiving it, you may not be able to prosecute in criminal court.

Multiple checks each \$100.00 or less, from same maker and drawn on the same bank within 90 days of one another, may be added together (up to 3) on one Bad Check Application. One application fee of \$20.00 will apply.

\*\*\*\* *If the check is returned marked "STOP PAYMENT" OR "ENDORSEMENT CANCELLED", you will need to sue in Civil Court – NO 10 Day Letter is Required.* \*\*\*\*

## TO DETERMINE WHICH COUNTY TO FILE IN; THE GENERAL RULE IS:

**For Criminal Actions:** Go to the county in which the giving and receiving of the check took place;

**For Civil Actions:** Go to the county in which the person resides or place of employment.

## WHAT TO GIVE TO THE MAGISTRATE COURT:

### Pursing Criminally;

- The bad check (original from bank)
- A copy of the "10 day letter" that you mailed to the customer
- Certificate of Notification: This form is used to certify that you mailed a 10 day letter
- A completed Bad Check Application
- Fee \$20.00 for each check you are submitting over \$100.00 each

### Pursing Civilly;

- The bad check (original from bank); stating "Closed Account", "Stop Payment" or "Endorsement Cancelled"
- A completed Statement of Claim Form
- Fee of \$95.00 applies

**STATUE OF LIMITATION:** The Statue of Limitations is two (2) years for a misdemeanor and four (4) years for felonies. (Any checks in the amount over \$1,500.00 or OUT OF STATE CHECKS are considered a felony.)

**ANY QUESTIONS PLEASE CALL THE MAGISTRATE COURT  
OF EFFINGHAM COUNTY AT 912-754-2124**

## TEN DAY LETTER

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

You are hereby notified that a check or instrument numbered \_\_\_\_\_, issued by you on \_\_\_\_\_ (date), drawn upon \_\_\_\_\_ (name of bank), and payable to \_\_\_\_\_, has been dishonored. Pursuant to Georgia Law, you have ten (10) days from receipt of this notice to tender payment of the full amount of the check or instrument plus a service charge 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 to the Magistrate for the issuance of a criminal warrant or citation or to the District Attorney or Solicitor for criminal prosecution.**

**Cash or Money order only.** Please do not send cash in the mail. You may forward payment to:

**NAME:** \_\_\_\_\_

**NAME of BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

## BAD CHECK APPLICATION

1. Maker of the Check \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
DOB \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
RACE \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
I.D. Marks; scars, glasses, etc. \_\_\_\_\_
2. PAYEE (Victim) \_\_\_\_\_ Phone \_\_\_\_\_  
Agent/Manager \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
3. Amount of Check \$ \_\_\_\_\_
4. Date of Check \_\_\_\_\_ Date you received Check? \_\_\_\_\_
5. Date you mailed letter? \_\_\_\_\_  
Was the letter sent certified? YES \_\_\_\_\_ NO \_\_\_\_\_ or regular mail \_\_\_\_\_
6. If the certified letter was signed for, what was the date letter was signed? \_\_\_\_\_
7. Was the letter returned to you unclaimed, or was it received by the addressee?  
\_\_\_\_\_ Unclaimed \_\_\_\_\_ Claimed
8. Was the check presented to the Bank within 30 days of being received?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. What consideration was given to the Maker of the check in exchange for the payee to take the check? Example (goods, food, services, etc.) \_\_\_\_\_
10. Did exchange of check occur at the same time? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Was Identification produced and documented on the check?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. Did the person receiving the check know the maker of the check by name?  
Yes \_\_\_\_\_ No \_\_\_\_\_
13. Who received the check? \_\_\_\_\_
14. Did the person who passed the check do any of the following in the presence of the person who accepted the check?  
Date Check \_\_\_\_\_ Sign Check \_\_\_\_\_
15. Why was the check returned to the victim?  
Insufficient Funds \_\_\_\_\_ Account Closed \_\_\_\_\_ Other \_\_\_\_\_

The above answers are true to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CERTIFICATE OF NOTIFICATION

**I HEREBY CERTIFY THAT I HAVE NOTIFIED THE FOLLOWING PARTY OF A RETURNED CHECK AS REQUIRED BY CODE SECTION 13-6-15(c) OF THE OFFICIAL CODE OF GEORGIA BY DEPOSITING IN THE US MAIL A COPY OF SAME IN A PROPERLY ADDRESSED ENVELOPE WITH ADEQUATE POSTAGE THEREON:**

DEFENDANT:

\_\_\_\_\_  
(Person who wrote check)

\_\_\_\_\_  
Defendant Address

\_\_\_\_\_  
Defendant Phone Number

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant Printed Name

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Company Phone Number

## **DEPOSIT ACCOUNT FRAUD SERVICE CHARGES**

*Per O.C.G.A. § 16-9-20(j) – For purposes of this Code section, no service charge or bad instrument charge shall exceed \$30.00 or 5 percent of the face amount of the instrument, whichever is greater, except that the holder of the instrument may also charge the maker an additional fee in an amount equal to that charged to the holder by the bank or financial institution as a result of the instrument not being honored.*