



KEWAUNEE COUNTY SHERIFF'S DEPARTMENT

**620 Juneau Street
Kewaunee, Wisconsin 54216
Telephone: 920-388-3100
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**MATT J. JOSKI
SHERIFF**

Worthless Check Submission Guide

1. The Kewaunee County Sheriff's Department investigates worthless checks that have been issued to businesses or persons located within all rural townships and the Village of Casco. If the location where the incident occurred is within the City of Algoma or Kewaunee, or the Village of Luxemburg, please contact their law enforcement agency for investigation.
2. Complainant must fill out the Worthless Check Submission Form and sign.
3. Person who took the check - who could be the complainant – must fill out the Worthless Check Witness Form and sign.
4. Complainant must send at least one letter to the worthless check casher demanding payment, while keeping a copy of the payment demand letter.
5. Submit the two required worthless check forms, a copy of the demand letter, and any other required documentation such as cash register receipts as well as the original worthless check or an authenticated digital copy of the worthless check to the address below:

Worthless Check Submission
Kewaunee County Sheriff's Department
620 Juneau Street
Kewaunee WI 54216

6. Our agency will give written notification of impending prosecution unless the check is made good.
7. Prosecution – in the form of criminal charges or ordinance citation – will take place if the check casher does not make good on the check.
8. If the conditions surrounding the writing or acceptance of the check do not meet statutory guidelines relating to worthless checks in accordance with the District Attorney guidelines, the check will not be prosecuted and will be returned to the complainant.

KEWAUNEE COUNTY SHERIFF'S DEPARTMENT
Worthless Check Submission Form

This form must be completely filled out for each check submitted for criminal investigation and prosecution. Each question must be answered. If you do not know the answer, write "unknown" or "none". The person (whether an individual, partnership, company, or corporation) receiving the check is known as the Complainant. This form must be signed and dated by the complainant or his / her authorized agent. All supporting documentation and information, including the original worthless check or an authenticated digital copy of it and the witness information form, must be submitted with this form.

• Complainant: _____ Telephone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Name of person who took the check: _____ Telephone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Name of witness to the worthless check transaction: _____ Telephone: _____
Address: _____ City: _____ State: _____ ZIP: _____

• Name of person who signed the check: _____ Telephone: _____
Address: _____ City: _____ State: _____ ZIP: _____
What is their date of birth? (If available) _____ Did he/she personally cash the check? Yes No
How was he/she identified? Drivers license Other identification Personal knowledge Other means
Was the person who cashed the check known by the complainant or the employee receiving the check? Yes No

• Dollar amount of check \$ _____ Date Cashed: _____ Check #: _____ Service Charge: _____
Check made payable to: _____ Financial institution check was drawn on: _____
The check was refused by your financial institution due to: NSF NO ACCOUNT ACCOUNT CLOSED
The date the check was first presented to your financial institution for payment was: _____
How often and when were additional attempts to submit the check made? _____

• Did the person request that check be held for any length of time? Yes No If yes, explain: _____
Was the check given in payment for account or debt? Yes No If yes, explain: _____
Was the check postdated? Yes No Was any partial payment of the check received? Yes No
Was the check for merchandise? Yes No If yes, describe the merchandise: _____
Is this a two party check? Yes No If yes, what is the name, address, and phone number of the person the check was issued to? _____
Was this check issued within Kewaunee County? Yes No Was this check in payment for rent? Yes No
If yes, was it issued for the next months rent or the previous months rent? _____

• Was a written notice sent to this party from you or were phone calls, text messages or other communication means attempted or made? Yes No If yes, describe what notification actions you took and what dates that you took them: _____

No checks will be accepted for prosecution unless there is a copy of at least one document notifying the person who issued the check of its return by the bank as unpaid or documented attempts/messages to the person via phone, text message or other means.

• It is understood and agreed that the check attached hereto, is being presented for criminal investigation and prosecution and not for collection. The undersigned, its agents, and employees will cooperate in the prosecution of the crime herein and will not request that the complaint on this check be dismissed, nor will they accept payment on the check without the consent and approval of the District Attorney's Office.

The information contained above is hereby certified as being true and correct to the best of the undersigned person's knowledge.

Signed: _____ Printed name: _____ Date: _____

KEWAUNEE COUNTY SHERIFF'S DEPARTMENT
Worthless Check Witness Form
(TO BE FILLED OUT BY PERSON WHO ACCEPTED THE CHECK)

Name: _____ Birthdate ____/____/____ Telephone: _____
 First Middle Initial Last Mo Day Year

Address: _____ City: _____ State: _____ ZIP: _____

Name of the person signing the check: _____ Date of Check: _____

Check number: _____ Check amount: _____ Was this check accepted by you? Yes No

Did you place any markings on the check? (Initials, Circle, etc.) Yes No If yes, what markings did you put on the check and where? _____

Did you personally know the person? Yes No If not, did you identify the person? Yes No

If yes, how did you identify the person? _____

Did you view the person's driver's license? Yes No Is the driver's license number on the check? Yes No

If not, did you write the driver's license number on the check? Yes No If yes, where? _____

Was the check written out in front of you? Yes No

Was the check written out before the person came to you? Yes No

What was the check for? _____

Did the person cashing the check appear to be physically impaired by alcohol or drugs in any way? Yes No

If yes, explain: _____

Did the person leave in a vehicle? Yes No Unknown

Description of vehicle: Year _____ Make _____ Model/Body _____

Color _____ License plate number _____ Other info _____

Would you be able to recognize this person again if you saw them? Yes No Maybe

Additional information you would like to provide in reference to this person:

The information contained above is hereby certified as being true and correct to the best of the undersigned person's knowledge.

Signed: _____ Printed name: _____ Date: _____