



DEPARTMENT OF THE NAVY  
COMMANDER NAVY REGION SOUTHWEST  
937 NO. HARBOR DR.  
SAN DIEGO, CA 92132-0058

IN REPLY REFER TO:

COMNAVREGSWINST 7200.2  
CODE N92R6  
16 October 2001

COMNAVREGSW INSTRUCTION 7200.2

Subj: POLICIES AND PROCEDURES FOR THE PROCESSING AND HANDLING OF  
DISHONORED (RETURNED) CHECKS BY AUTHORIZED PATRONS OF MORALE,  
WELFARE AND RECREATION (MWR) PROGRAMS

Ref: (a) BUPERSINST 7200.2  
(b) Department of Defense Military Pay and Allowances  
Entitlement Manual, Part 7, Chapter 7  
(c) Department of Defense Military Retired Pay Manual,  
Part 6, Chapter 2

Encl: (1) Dishonored Check Information Sample  
(2) Pay Adjustment Authorization  
(3) Voluntary Wage Deduction Consent Agreement  
(4) DD 2481, Request for Recovery of Debt Due to United States  
by Salary Off-set  
(5) San Diego District Attorney Bad Check Restitution Program

1. Purpose: To establish policies and procedures for the processing and handling of dishonored checks by authorized patrons of Commander, Navy Region Southwest (CNRSW) Morale, Welfare and Recreation (MWR) Programs, including involuntary pay deductions for service members and military retirees, voluntary pay deductions from Federal and NAF employees, and the charging of administrative fees for the processing of dishonored checks, as authorized by references (a), (b) and (c).

2. Background. As a convenience to its customers, the Regional Morale, Welfare and Recreation Program authorizes the writing of personal checks at all of its recreational facilities. Checks received in exchange for sales or services are presumed to be "good" at the time of acceptance. When a financial institution notifies the Regional MWR Business Office (NSO) that they have received a dishonored check, it creates an administrative and financial burden on the MWR Program, which must record the debt and pursue collection by phone and/or certified mail. Customers who pass bad checks are liable and fully responsible for any debt they incur, including the service charges associated with the tracking and processing of the dishonored checks that they write. All debts incurred are normally to be settled with a single cash payment. However, a repayment schedule can be arranged, on a case-by-case basis, which will adequately protect the interests of both the Government and the Debtor.

3. Policy. It is the policy of CNRSW MWR to aggressively pursue collections of all debts created by dishonored checks at any MWR facility located within the Region. If a patron fails to respond

promptly to collection efforts for the amount due, the Regional MWR Program Office will take appropriate action, as required by references (a), (b) and (c).

4. Action. Site Managers, Regional Managers, Facility Managers, on-site Accounting Technicians, and the Regional Business Office will use the following procedures in pursuing payment from customers whose checks are not honored by their servicing financial institutions.

a. Service members only:

(1) Upon receiving notification from a financial institution of a dishonored check, on-site Accounting Technicians, or the Regional Business Office (depending on location) will annotate and complete the necessary information pertaining to the dishonored check using the format in enclosure (1).

(2) The designated Accounting Technician will attempt to contact the customer, via telephone, and inform him/her of the following information pertaining to the dishonored check:

- (a) Check amount.
- (b) Transaction date of check.
- (c) Dishonored check number.
- (d) Name of financial institution.
- (e) Reason the financial institution dishonored the check (i.e., insufficient funds, account closed, etc.).
- (f) Description of goods and/or services provided and on what dates, if applicable.
- (g) Check cashing privileges will be permanently rescinded if an authorized patron has written three dishonored checks within a one-year period.
- (h) Here after, payment can only be made by cash, money order or, certified check.
- (i) To cover administrative costs of processing the dishonored check, a \$28 service charge (per check) will be added, unless the Debtor can prove that the dishonored check was caused by an error made by the servicing financial institution.

(3) If the check (including service charge) has not been paid within 10 days, the Accounting Technician will send a letter, via Certified Mail, return receipt requested, to the service member.

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For active duty and reserve personnel, a letter will also be sent to his/her Commanding Officer if payment is not received within seven days of the written notification to the service member.

(4) If the check is still outstanding after 30 days from the date the financial institution notified the local or Regional Business Office of the dishonored check, a second letter will be sent to the service member via Certified Mail, return receipt requested. The letter will inform the service member that involuntary wage deduction procedures will be initiated if payment is not remitted.

(5) If, after 10 days from the mailing of the second letter, a satisfactory response has not been received, a Pay Adjustment Authorization, DD 139 Form, enclosure (2), will be prepared by the Accounting Technician for active, reserve, or retired members. The requested pay adjustment will be for the amount of the dishonored check plus the \$28 service charge.

(6) DD139 Form and all applicable debt documentation (front and back copies of dishonored check, correspondence, etc.) will be sent to the service member's Disbursing Finance Center for collection action.

(7) If payment is not received from the Disbursing Finance Center within 45 days of submitting the Pay Adjustment Authorization, a written request for status will be submitted along with a copy of the applicable Pay Adjustment Authorization. If payment cannot be accomplished through the Finance Center, the following non-service member collection measures can still be applied.

b. Non-service members:

(1) Although involuntary pay deduction do not apply to non-service members, voluntary deductions can be readily taken from Federal and NAF workers by obtaining a signed "Voluntary Wage Deduction Consent Agreement," enclosure (3), from the Debtor. All customers will sign a Consent Agreement at the time of purchase, contract, etc.

(2) Collection efforts for the checks of non-service members should begin with verbal attempts to reach a solution with the Debtor. If verbal efforts fail, written notification, via Certified Mail, return receipt requested, will be sent to the Debtor. The collection process, previously identified in this instruction for service-members, will be used for non-service members, when applicable.

(3) If the debt remains unpaid, the following alternatives will be used to collect the debt:

(a) Wage deduction (prepare a DD 2481 (enclosure (4))).

(b) Have Debtor sign the Voluntary Wage Deduction Consent Agreement.

(c) Take legal action against the Debtor.

(d) If applicable, file a Bad Check Complaint Form (enclosure (5)) with the local County District Attorney.

c. Write-Offs: Dishonored checks will be written off only when an involuntary pay deduction is not possible or authorized because the Debtor has separated from the service or is a non-service member.



S. J. SONNTAG  
By direction

Distribution:  
Web Page ([www.cnbsd.navy.mil/admin/menu.htm](http://www.cnbsd.navy.mil/admin/menu.htm))

Copy to:  
ACOS Support Services  
MWR Program Manager  
MWR Program Policy Advisor  
Regional MWR Operations Manager  
MWR Site Managers  
Regional NAF Support Office Manager

DISHONORED CHECK INFORMATION SAMPLE

Debtor Name: \_\_\_\_\_

Rank/Rate/Position: \_\_\_\_\_

SSN: \_\_\_\_\_

Service/Employer: \_\_\_\_\_

Duty/Work Address: \_\_\_\_\_

Duty/Work Phone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Check No.: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Financial Institution Returning Check: \_\_\_\_\_

Date Check Returned: \_\_\_\_\_

Service Charge: \_\_\_\_\_

Date Verbally Notified: \_\_\_\_\_

Date of Notification Letter: \_\_\_\_\_

\*Date Letter Notified of Impending Deductions: \_\_\_\_\_

\*Date Forwarded PAA, DD139 or DD2481: \_\_\_\_\_

Amount Paid/Date: \_\_\_\_\_

\*Service members, NAFI employees or Federal Workers

**PAY ADJUSTMENT AUTHORIZATION**

NOTE: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.

MEMBER (Last name) (First) (Middle)	SSN	GRADE/RANK/RATE	BRANCH OF SERVICE	DATE
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PAY GRADE NO.	LAST PAY RECORD EXAMINED (IF APPLICABLE)	AMOUNT	APPROPRIATION DATA
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FROM MWR Program Manager 2375 Recreation Way San Diego, CA 92136-5518	NAME OF ACCOUNTABLE D.O. Symbol No. G.A.O. Exception Code
--	--

TO	YOU ARE HEREBY AUTHORIZED TO <b>X</b> CHARGE _ CREDIT THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE
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EXPLANATION AND/OR REASON FOR ADJUSTMENT

1. The Morale, Welfare and Recreation (MWR) Department, Naval Region Southwest is in receipt of one personal check drawn on \_\_\_\_\_'s account. This check in the amount of \$ \_\_\_\_\_, was returned by \_\_\_\_\_ marked "\_\_\_\_\_." Said check was cashed on \_\_\_\_\_ at \_\_\_\_\_.
2. Exhaustive efforts at collection produced negative results.
3. It is requested that member's pay records be charged in the amount of \$ \_\_\_\_\_, which includes a \$28.00 service charge, for reconciliation of the account. Reimbursement should be made payable to the Regional MWR Accounting Office, Company Code D403838, and forwarded to the Navy Region Southwest Morale, Welfare and Recreation Department, 2375 Recreation Way, San Diego, CA 92136-5518. Payment should reflect member's name and social security number to ensure it is credited to the proper account.
4. "Due process requirement has been provided." "The notification contained all the advisements required by the DODPM or DODMRPM, as appropriate." "Due process has been afforded per the DODPM." "Subject named member has been afforded due process under law as required by SECNAVINST 7200.18."

The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make the adjustment.

From: Program Manager Navy Region Southwest MWR 2375 Recreation Way San Diego, CA 92136-5518	CERTIFYING OFFICER (name rank/grade, and signature) DAVID A. YOUNG By direction
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I CERTIFY that the adjustment indicated above has been entered on the above named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D.O.'s signature and symbol number.)

TO Operations Manager, Company Code D403838 Navy Region Southwest MWR 2375 Recreation Way San Diego, CA 92136-5518	TYPED NAME AND GRADE OF D.O. _____ D.O. SYMBOL NO. DATE _____ SIGNATURE
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VOLUNTARY WAGE DEDUCTION CONSENT AGREEMENT

I consent to collection from any amounts due me from  
the U.S. Government or its instrumentalities for  
unsettled debts plus applicable reasonable service  
charges that have been incurred by me or my dependents  
with the \_\_\_\_\_  
(MWR FUND NAME) .

\_\_\_\_\_  
(Customer's Name)

\_\_\_\_\_  
(Date)

REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES BY SALARY OFFSET					
<b>1. PAYING AGENCY IDENTIFICATION</b>			<b>2. EMPLOYEE IDENTIFICATION</b>		
a. NAME Debtor's Pay Agency, i.e., DFAS			a. NAME (Last, First, Middle Initial) Debtor's Name		
b. ADDRESS (Street, City, State and Zip Code)  Debtor's Pay Agency Address			b. ADDRESS (Street, City, State and Zip Code)  Debtor's Address		
			c. DATE OF BIRTH Debtor's DOB	d. SOCIAL SECURITY NUMBER Debtor's SSN	
<p>To liquidate a debt to the United States, the named Creditor Component asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquiries concerning the debt should be sent to the address shown below.</p>					
<b>3. DEBT INFORMATION</b>					
a. REASON FOR DEBT Self Explanatory (SE)					
b. DATE RIGHT TO COLLECT ACCRUED 30 days after no response on Enclosure (2)			c. DEBT IDENTIFICATION NUMBER, IF ANY SE		
d. ORIGINAL DEBT AMOUNT	\$	SE	e. NUMBER OF INSTALLMENTS	@ (1)	Amount (2)
f. INTEREST DUE <i>(If none, show N/A)</i>	\$	SE			\$ SE
g. PENALTY DUE <i>(If none, show N/A)</i>	\$	SE			\$ SE
h. ADMINISTRATIVE COST <i>(If none, show N/A)</i>	\$	SE			\$ SE
i. TOTAL COLLECTION TO BE MADE	\$	SE	j. COMMENCE DEDUCTIONS ON (Enter date) Pay period in which deductions are to start.		
<b>4. DUE PROCESS</b> (X applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgement or consent.)					
	Date Action Taken (1)	Acknowledgement (2)	Consent (3)	Date Action Taken (1)	Acknowledgement (2)
a. CREDITOR COMPONENT 30-DAY SALARY OFFSET NOTICE			*	d. HEARING HELD	If Applicable
b. EMPLOYEE DID NOT RESPOND (Consent assumed)	No Entry			e. DECISION FOR CREDITOR COMPONENT	If Applicable
c. EMPLOYEE REQUESTED A HEARING	If Applicable			f. OTHER (Specify)	If Applicable
<p>I certify the following: * "X" here, attach Consent Agreement/other Supporting Documentation.</p> <p>(1) The debt identified above is properly due the United States from the named employee in the amount shown;</p> <p>(2) This Agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management; and</p> <p>(3) The information concerning this Component's and the employee's actions is correct as stated.</p>					
<b>5. CREDITOR COMPONENT INFORMATION</b>					
a. NAME NAFI Name, i.e., MWR			b. APPROPRIATION / FUND (1) Title Nonappropriated Fund Instrumentality		(2) Symbol No. No Entry
c. ADDRESS (Street, City, State and Zip Code)  NAFI Address			d. DISBURSING OFFICER (1) Name (Last, First, Middle Initial) No Entry		(2) Symbol No. No Entry
e. CERTIFYING OFFICIAL (1) Signature  Designated MWR Official					(2) Date Signed  SE
(3) Title SE					(4) Telephone Number SE

DD Form 2481  
REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES  
BY SALARY OFFSET

(Debt Claim Form)

AUTHORITY: DoD Instruction 7045.18

GUIDELINES FOR USE OF FORM

The information requirements for this form are rather obvious and with the exception of entry 3.e., the information can be obtained from the records of the Creditor Component. The Creditor Component must rely on the Paying Agency's cooperation and assistance in ascertaining a debtor's disposable pay. We recommend that DoD Components contact the Paying Agency to get the amount of disposable pay, compute the appropriate proposed installment payments and include the computed amount in the final demand notice to the debtor. This will ensure that the proposed installment payments are correct and assist the debtor in making a judgment on whether to challenge the amount of the proposed installment deduction.

This debt claim form has been designed primarily for requesting recovery of a debt by salary offset and certifying that due process has been completed when a debtor has not: responded to a demand for payment; requested a hearing; or refuted the Creditor Component's proposed installment deductions.

Regulations limit installment payments to 15 percent of a debtor's disposable pay, unless the debtor has authorized a larger amount to be withheld. The Creditor Component is required to designate on the debt claim form the number of installments and the amount of each installment when requesting offset from the Paying Agency. However, if the Creditor Component has not been successful in obtaining a debtor's disposable pay, entry 3.e. may be completed by including the words, "15 percent of disposable pay." In this case, entry 3.i. would be left blank.

## REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES BY SALARY OFFSET

<b>1. PAYING AGENCY IDENTIFICATION</b>		<b>2. EMPLOYEE IDENTIFICATION</b>	
a. NAME		a. NAME (Last, First, Middle Initial)	
b. ADDRESS (Street, City, State and Zip Code)		b. ADDRESS (Street, City, State and Zip Code)	
		c. DATE OF BIRTH	d. SOCIAL SECURITY NUMBER

To liquidate a debt to the United States, the named Creditor Component asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquiries concerning the debt should be sent to the address shown below.

<b>3. DEBT INFORMATION</b>			
a. REASON FOR DEBT			
b. DATE RIGHT TO COLLECT ACCRUED		c. DEBT IDENTIFICATION NUMBER, IF ANY	
d. ORIGINAL DEBT AMOUNT	\$	e. NUMBER OF INSTALLMENTS	@ (1) Amount (2)
f. INTEREST DUE <small>(If none, show N/A)</small>	\$		\$
g. PENALTY DUE <small>(If none, show N/A)</small>	\$		\$
h. ADMINISTRATIVE COST <small>(If none, show N/A)</small>	\$		\$
i. TOTAL COLLECTION TO BE MADE		j. COMMENCE DEDUCTIONS ON (Enter date)	
\$			

4. DUE PROCESS (X applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgement or consent.)						
	Date Action Taken (1)	Acknowledgement (2)	Consent (3)	Date Action Taken (1)	Acknowledgement (2)	Consent (3)
a. CREDITOR COMPONENT 30-DAY SALARY OFFSET NOTICE				d. HEARING HELD		
b. EMPLOYEE DID NOT RESPOND (Consent assumed)				e. DECISION FOR CREDITOR COMPONENT		
c. EMPLOYER REQUESTED A HEARING				f. OTHER (Specify)		

I certify the following:

- (1) The debt identified above is properly due the United States from the named employee in the amount shown;
- (2) This Agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management; and
- (3) The information concerning this Component's and the employee's actions is correct as stated.

<b>5. CREDITOR COMPONENT INFORMATION</b>			
a. NAME		b. APPROPRIATION / FUND	
		(1) Title	(2) Symbol No.
c. ADDRESS (Street, City, State and Zip Code)		d. DISBURSING OFFICER	
		(1) Name (Last, First, Middle Initial)	(2) Symbol No.
e. CERTIFYING OFFICIAL			(2) Date Signed
(1) Signature			
(3) Title			(4) Telephone Number

DD Form 2481  
REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES  
BY SALARY OFFSET

*(Debt Claim Form)*

AUTHORITY: DoD Instruction 7045.18

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# BAD CHECK COMPLAINT FORM

**PAUL J. PFINGST**  
**SAN DIEGO COUNTY DISTRICT ATTORNEY**



FILE COMPLAINT FORMS BY MAIL TO: PMB 320, 3725 TALBOT ST., SAN DIEGO, CA 92106-2045  
(postal address only)  
VICTIM HOTLINE: (877) 841-4748 • REFER CHECK WRITERS TO: (800) 842-0731

DATE RECEIVED :

COMPLAINT #:

**PLEASE PRINT ALL INFORMATION IN INK AND SIGN BELOW**

*TO DETERMINE WHETHER YOUR COMPLAINT MAY BE ACCEPTED AS A CRIMINAL MATTER, ANSWER THE FOLLOWING QUESTIONS:*

1. Was check post-dated at time of acceptance?  Yes  No
2. Does this matter involve a two-party check?  Yes  No
3. Was check received as payment on an account?  Yes  No
4. Were you asked to hold or delay depositing the check (s)?  Yes  No
5. Does the check involve an extension of credit?  Yes  No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for the Bad Check Restitution Program. It should be dealt with through small claims court, or turned over for private collection, do not proceed with filing a complaint. If all questions were answered "NO", you may file a bad check complaint by completing the front and back side of this form.

<b>1</b>	Check writer's full name as written on check										
	Address (s)										
	City			State		Zip		Home Phone #		Other Phone #	
	SS #		Sex	Race	Date of Birth		Age	Height	Hair	Eyes	Weight
<b>SUSPECT</b>	Driver's License #			State				Other ID			
	Unusual features					Employer (if known)					
	Business Phone			Business Address							
	Has check writer been notified of return item? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:				Was the check handed to you by someone other than check writer? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Address:						

<b>2</b>	<b>CHECKS</b>	Check #	Date of Check	Amount	What was check for ?	Person accepting check	Can person ID check writer ?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3</b>	<b>VICTIM</b>	List Additional Checks On Another Form And Attach									
		What did you write on the check at the time you received it? <input type="checkbox"/> Drivers License # <input type="checkbox"/> Check-Cashing Card # <input type="checkbox"/> Your initials or identification # <input type="checkbox"/> Other _____									
Has the check writer been notified that the check (s) has been dishonored? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, how? <input type="checkbox"/> Certified Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other											
If other, describe:					Certified Mail Fees:		Return Item Fees:				

<b>3</b>	<b>VICTIM</b>	Victim / Firm Name							Phone		
		Victim Address				City		State		Zip	
		Name of person filing							Phone		
		Address where check was accepted if different from the above address									

**IMPORTANT: FOLLOW REQUIREMENTS ON THE REVERSE SIDE OF THIS FORM**

**1. PRIOR TO FILING A BAD CHECK COMPLAINT:**

- A. Was the check submitted to a bank?  
Yes  No   
If not, please present check and then submit check to the Bad Check Restitution Program.
- B. Was a "Courtesy Notice" sent to the check writer, allowing a ten day grace period to pay off the check (s)? See sample notice  $\longrightarrow$   
Yes  No  If no, why not?  
\_\_\_\_\_
- C. Was photo identification (i.e. driver's license, state I.D., check cashing card number, etc.) recorded at the time the check was passed?  
Yes  No  If no, why not?  
\_\_\_\_\_

**2. FILING THE COMPLAINT FORM:**

Victims of bad checks may file a complaint form with the San Diego District Attorney Bad Check Restitution Program, provided there is sufficient information, and that the case meets all eligibility guidelines. The District Attorney's office will seek full restitution for victims wherever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no collection guarantees. "Restitution" refers to the face value of all checks listed in the complaint, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. **FILL OUT FORM COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER**, and **"RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES)**. **(COPY ALL INFORMATION FOR YOUR RECORDS). CHECK MUST BE SUBMITTED WITHIN 90 DAYS OF ACCEPTANCE.**
- B. Mail this form directly to San Diego County District Attorney Bad Check Restitution Program. Address listed here  $\longrightarrow$
- C. Once a complaint has been filed: **ALL** restitution payments must be collected by the District Attorney's Office. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program. (See contact information).

**3. AFTER FILING:**

- A. If you do not receive restitution within 60 days, contact the District Attorney Bad Check Restitution Program.
- B. If restitution is not received from the check writer, your complaint will be evaluated for criminal prosecution.
- C. **IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason the complaint is not prosecutable, the check (s) will be returned at your request for civil collection purposes.

**SAMPLE "COURTESY NOTICE"**

Date \_\_\_\_\_

Dear Check Writer:

You are hereby notified that a check numbered \_\_\_\_\_ in the face amount of \$\_\_\_\_\_, issued by you on \_\_\_\_\_ drawn upon \_\_\_\_\_ bank, and payable to \_\_\_\_\_, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$25.

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

Closing,

Your name / address \_\_\_\_\_

**MAIL ALL CORRESPONDENCE TO:**

**SAN DIEGO COUNTY  
DISTRICT ATTORNEY  
BAD CHECK  
RESTITUTION PROGRAM  
PMB 320  
3725 TALBOT STREET  
SAN DIEGO, CA 92106  
(postal address only)  
VICTIM HOTLINE  
(877) 841-4748**

I understand that I must NOT accept restitution from the check writer after filing this complaint with the Bad Check Program. Initial here \_\_\_\_\_

**I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY THAT ALL INFORMATION IN THIS COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE.**

Signature of Person Filing \_\_\_\_\_

Print Name \_\_\_\_\_

Date Filed \_\_\_\_\_

## CHECKS INELIGIBLE FOR THE PROGRAM

Checks involving an "Extension of Credit" where installment payments were authorized, or checks were received as payment on an account.

No "Post-Dated" checks, or checks where there was an agreement to hold for a specific period of time; i.e., where both parties knew there were insufficient funds on deposit at the time the transaction occurred.

No two-party, government, or payroll checks.

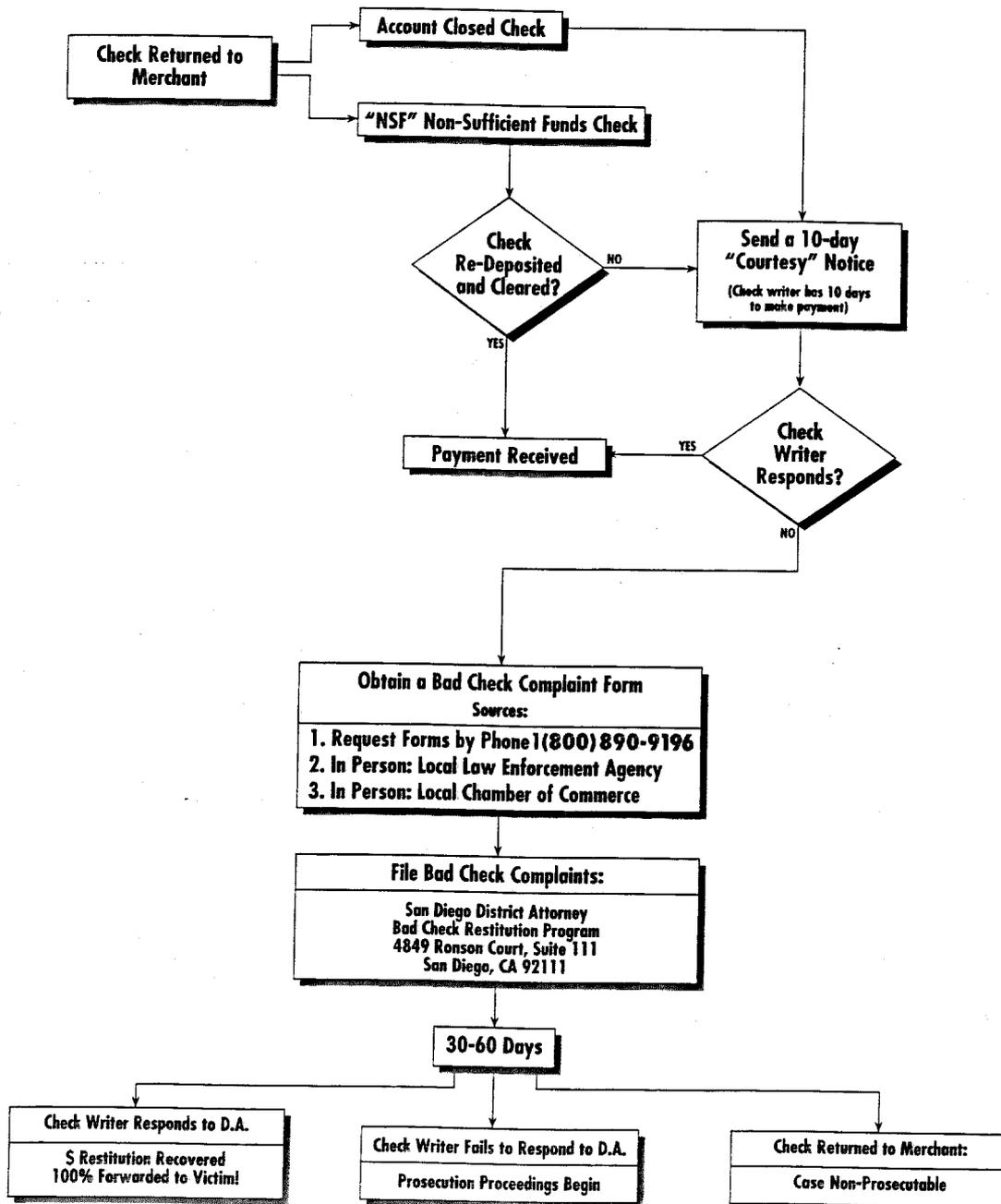
No out of state checks, or checks accepted outside of the County.

Checks where the identification of the check writer is not known.

Checks that are INELIGIBLE for the District Attorney's Program should be pursued CIVILLY through the small claims process, or referred to private collection.

## SAN DIEGO COUNTY DISTRICT ATTORNEY BAD CHECK RESTITUTION PROGRAM

### FLOW CHART



**SAN DIEGO DISTRICT ATTORNEY**

**BAD CHECK**  
**RESTITUTION PROGRAM**

DESIGN  
A 714-  
L, CA

LAGO

PAY  
TO THE  
ORDER OF

ONE THOUSAND



**EDWIN L. MILLER, JR.**  
**DISTRICT ATTORNEY**

7 FEBRUARY 1977

## A MESSAGE FROM EDWIN L. MILLER, JR., DISTRICT ATTORNEY...



As your District Attorney, I have grown increasingly concerned about the impact created by bad checks on local businesses. Bad checks affect everyone in terms of higher consumer costs that must be paid to offset losses, as well as the costs involved in law enforcement and prosecution.

We organized the "Bad Check Restitution Program" with one important goal in mind; to increase the accountability of those who pass bad checks, without increasing any administrative or financial burden to the criminal justice system.

This will be accomplished through a unique, cooperative effort that combines private and public sector resources to educate businesses in preventative check acceptance measures, AND require bad check offenders to complete a special 8-hour intervention class in addition to paying restitution.

This brochure has been designed to help businesses more fully understand this important Program, and how it will serve as a vital resource in the fight against bad checks.

I am confident that your active participation in the District Attorney's Bad Check Restitution Program will help your business improve its bottom line, and I look forward to working together to find additional solutions to this serious problem.

## HOW THE PROGRAM WORKS...

The establishment of the "Bad Check Restitution Program" represents an innovative effort by the District Attorney to create a uniform system of dealing with the tremendous volume of bad checks passed countywide.

The Program targets NSF (non-sufficient funds) and account-closed checks up to a \$1,500.00 limit. Cases involving checks over that limit, or stolen, or forged checks will be investigated directly by local law enforcement agencies.

The Bad Check Restitution Program allows businesses victimized by bad checks (under \$1,500.00) to file DIRECTLY with the District Attorney's Office at one central location.

Once an eligible check complaint has been filed, the District Attorney will immediately notify the check writer and extend an opportunity to avoid criminal prosecution by successfully completing the Restitution

Program. The Program requires that the check writer must pay full restitution and attend a special 8-hour intervention class within a specified period of time, or else face CRIMINAL charges in municipal court.

In cases where there is insufficient criminal evidence to prosecute, the check(s) may be returned along with instructions on how to pursue the check writer through the CIVIL, small claims process.

One of the most integral parts of this Program is education. The District Attorney, in partnership with local law enforcement, will be sponsoring regular seminars for County businesses to help them reduce bad check losses through a variety of preventative measures.

The Bad Check Restitution Program has been organized to operate at no cost to victims, OR taxpayers. The Program operates on fees assessed to the check writer in addition to restitution.

## CHECKS ELIGIBLE FOR THE PROGRAM

- Checks received in exchange for property or services presumed "good" at time of acceptance, but returned "NSF" (non-sufficient funds), or "Account Closed". Cases involving a "Stop payment order" will be reviewed to determine whether a performance dispute exists (Ineligible), or there is evidence of criminal intent to defraud (Eligible).

- An attempt to collect on the check(s) must be documented where the check writer was given a minimum of 10 days to make good on the check before filing a complaint.

- Checks received up to \$1,500.00. Checks greater than \$1,500.00 must be filed directly with local law enforcement for investigation as a potential felony case.

- Checks must have been received within the County to be eligible for the

Program. Checks accepted OUTSIDE of the County must be pursued with the law enforcement agency in the area where the transaction occurred.

- All worthless checks must be filed with the District Attorney LESS THAN 90 days from the date issued by the check writer.

- Proper photo identification such as a California Driver's License, or California Identification Card number must have been recorded on the check during the transaction.

- The acceptor MUST initial each check at the time it is presented in order to verify the maker's signature. The acceptor's initial also verifies the address information on the ID against the information printed on the check. In the event that this information does not match, the acceptor should record CURRENT address, home and work phone information on the check.