

ASSISTANT DISTRICT ATTORNEYS

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PRETRIAL DIVERSION OFFICER

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BAD CHECK UNIT DIRECTOR

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STATE OF MISSISSIPPI



**BEN CREEKMORE**  
**DISTRICT ATTORNEY**  
THIRD CIRCUIT COURT DISTRICT

Main Office:

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Tippah County Courthouse

Ripley, MS 38663

Phone: (662) 837-1195 Fax: (662) 837-1030

**TO: MERCHANTS OF THE THIRD CIRCUIT COURT  
DISTRICT**

**FROM: BAD CHECK UNIT**

**RE: BAD CHECK COLLECTIONS**

The enclosed documents contain updated information necessary to submit your bad check(s) to our office for collection.

The Bad Check Unit is designed to assist you without, in most cases, the necessity of going to court. Furthermore, the Bad Check Unit will collect the amount of the check and your \$40 victim's fee at no charge to you.

Please find enclosed The Book on Bad Checks, a Check Unit Check List, a Bad Check Complaint form, two Affidavit forms and a Notice Letter form. Each form is needed to submit your complaint.

If you have any questions, please do not hesitate to contact the Bad Check Unit at 662-234-6084. We will be glad to walk you through, step by step, to assist you in this process.

1301 Monroe Ave  
Oxford, MS 38655

**Ben Creekmore, District Attorney**  
Third Circuit Court District  
State of Mississippi  
Bad Check Unit

Phone: 662-234-6084  
Fax: 662-234-0299

**CHECK UNIT CHECK LIST**

Revised July 1, 2004

1. The bad check must have been received in or the transaction occurred in one of the following counties: Benton, Calhoun, Chickasaw, Lafayette, Marshall, Union or Tippah County.
2. The check must be stamped either **Insufficient Funds or Account Closed**. No check will be accepted that is stamped "stop payment" (civil), "signature irregular/forgery" (report to police) or "drawn against uncollected funds" (re-deposit), etc. Postdated checks create a civil debt that may also not be prosecuted in the criminal justice system.
3. No check will be accepted where a **partial** payment has been accepted. This amounts to an extension of credit, thereby converting this matter to a civil dispute.
4. **A statutory notice must be mailed** to the check writer by regular mail, supported by an affidavit of service by mailing, to the address given at the time the check was passed. The check writer has 15 days from the date the notice is mailed to make restitution (check amount plus service charge not to exceed \$40.00). If your letter is returned, no further waiting period is required. A form notice letter is enclosed.
5. You are **not required by law to mail notice** in the following cases: (1) a check where the account is out of state; (2) the check writer is not a resident of the state or has left the state; or (3) the account was closed **at the time the check was issued or dishonored**.
6. A complaint and affidavit must be filled out completely (for each check) in order to initiate the process. Please provide any information you have about the check writer on the complaint that is not listed on the check. The affidavit should be notarized and attached, along with the original check, a copy of the notice letter, the affidavit supporting mail sent to check writer and the complaint.
7. We disburse all monies collected once a month. Normally on the 1<sup>st</sup> day of the month after collection.
8. **RECOMMENDATIONS: We strongly recommend that you view the check writer's driver's license, compare with photo, and record the number and date of birth on the check. A place of employment and employment phone numbers are also beneficial in tracking check writers. As always, the name, address and phone number of the check writer should be recorded on the check.** The party receiving the check should witness the signature and initial the check as evidence of same. This is necessary if we should have to prove our case in court, and is required by law. Miss. Code Ann. § 97-19-62 (Supp. 2001).

**ONCE CHARGES ARE FILED, THEY WILL NOT BE DISMISSED UNLESS APPROVED BY THE DISTRICT ATTORNEY. MISSISSIPPI LAW REQUIRES THAT ALL COMPLAINANTS WHO WITHDRAW COMPLAINTS MUST PAY A FEE OF \$30.00 FOR EACH COMPLAINT WITHDRAWN. IF PAYMENT IS ACCEPTED BY THE VICTIM AFTER A COMPLAINT IS FILED, THE COMPLAINT MUST BE WITHDRAWN AND THE \$30.00 FEE PAID. THIS IS NOT AN OFFICE POLICY, BUT IS REQUIRED BY LAW (SECTION 97-19-75, MS. CODE OF 1972, AS AMENDED).**

1301 Monroe Ave  
Oxford, MS 38655

**BEN CREEKMORE, DISTRICT ATTORNEY**  
Third Circuit Court District  
State of Mississippi  
Bad Check Unit  
**BAD CHECK COMPLAINT FORM**

Phone: 662:234-3304  
Fax: 662: 234-0299

**READ CAREFULLY!** I certify that the information below is true and correct according to the best of my knowledge and belief. I further certify that this case is not brought for the collection of a CIVIL debt (postdated check, etc.); and I understand that once this case is turned over for prosecution, I must pay a \$30.00 withdrawal fee if I personally collect the check. I understand that I have no further connection with the case except to testify in the event the case is brought to trial. Any person who wrongfully and corruptly swears or affirms to an affidavit may be subject to criminal charges for the offense of perjury.

DEFENDANT INFORMATION: (Please Print or Type)

Check Writer's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

S.S. # \_\_\_\_\_ D.L. # \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who accepted check: \_\_\_\_\_

Identification presented and information obtained: \_\_\_\_\_

County Accepted In:  Benton  Calhoun  Chickasaw-1<sup>st</sup>  Chickasaw-2<sup>nd</sup>  Lafayette  Marshall  Union  Tippah

What was check written for?  Merchandise  Cash  Services  Other Was check postdated?  Yes  No

Has partial payment been made on this check?  Yes  No

Was check given to pay on account, loan, or any type of pre-existing debt?  Yes  No

Check Amount \$ \_\_\_\_\_ Check Date: \_\_\_\_\_ Add'l Info \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS COMPLAINT:**

1. ORIGINAL CHECK (attached here) **any other documents should be attached to the back of this form.**
2. COPY OF STATUTORY & ORIGINAL AFFIDAVIT BY MAIL, if required (Attach to back top left corner)
3. AFFIDAVIT - completed, signed and notarized

PLEASE PLACE CHECK IN SPACE  
ALL OTHER ITEMS/PAPERS  
SHOULD BE ATTACHED TO THE BACK OF THIS COMPLAINT FORM

**COMPLAINANT INFORMATION:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

To all the foregoing I do, by my oath and signature below, **SWEAR AND AFFIRM** as true to the best of my knowledge and belief on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Signature of Complainant**

AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

THIS DAY personally appeared before me, the undersigned authority in and for said County and State aforesaid, (your name) \_\_\_\_\_ the complainant, who being duty sworn, upon information and belief and upon the sworn complaint of (your name/ company) \_\_\_\_\_, makes oath that he/she has probable cause to believe and does believe that in \_\_\_\_\_ County, Mississippi, on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ that (check writer) \_\_\_\_\_ did, with fraudulent intent, make, draw, issue, utter, or deliver a check, draft, or order in the amount of \$ \_\_\_\_\_ to (your company) \_\_\_\_\_ drawn on (bank,) \_\_\_\_\_ a copy of said check being attached hereto and made a part hereof as if fully set forth in words and figures herein, for the purpose of obtaining money, services or any article of value and/or for the purpose of satisfying a pre-existing debt and/or making a payment or payments on a past due account or accounts when the (bad check writer) \_\_\_\_\_ knew at the time of making, drawing, issuing, uttering or delivering said check that the maker or drawer had not sufficient funds in or on deposit with said bank for the payment of such check in full then outstanding, in direct violation of Section 97-19-55, Mississippi Code of 1972 Annotated, as amended, contrary to the form of the statute in such case provided, and against the peace and dignity of the State of Mississippi. I further swear and affirm that \_\_\_\_\_ (your company) has not received any payment on this check.

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

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Justice Court Clerk/Notary Public

My Commission Expires:

\_\_\_\_\_

AFFIDAVIT OF SERVICE BY MAIL

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn on oath, deposes and states that he/she is at least eighteen (18) years of age and that on \_\_\_\_\_, he/she served the attached Notice of Dishonor by placing, a true and correct copy thereof securely enclosed in an envelope addressed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and deposited the same, postage prepaid, in the United States mail at \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed to and sworn before me, this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires:

NOTICE LETTER FORM

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

TO: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

This statutory notice is provided pursuant to Section 97-19-57, Mississippi Code of 1972. You are hereby notified that a check, draft or order numbered \_\_\_\_\_, apparently issued by you on \_\_\_\_\_ (date), drawn upon \_\_\_\_\_ (name of bank), and payable to \_\_\_\_\_, has been dishonored. Pursuant to Mississippi law, you have fifteen (15) days from receipt of this notice to tender payment of the full amount of such check, draft or order, plus a service charge of up to forty dollars (\$40.00), the total due being \$\_\_\_\_\_.

Unless this amount is paid in full within the time specified above, the holder may turn over the dishonored instrument and all other available information relating to this incident to the proper authorities for criminal prosecution.

In order to resolve this matter without further action, you should contact the following:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signature)