

OFFICE OF THE DISTRICT ATTORNEY
SEVENTH JUDICIAL CIRCUIT
STATE OF ALABAMA
Brian A. McVeigh - District Attorney
25 WEST 11TH STREET, SUITE 400
ANNISTON, AL 36201
(256) 231-1772

Worthless Checks

The District Attorney is committed to assisting merchants, businesses and individuals that have been victimized by persons who receive goods or services that are paid for with a worthless check. This commitment is supported by the District Attorney's Worthless Check Unit, whose primary responsibility is the prosecution of the worthless checks passed in Calhoun and Cleburne Counties.

If you are the recipient of a worthless check, the District Attorney's Worthless Check Unit stands ready to offer professional help to assist in recovering/prosecuting the check for you. Furthermore, this service is **absolutely free**, and requires only a minimal amount of your time.

Qualifications for prosecuting worthless checks:

1. The transaction took place in Calhoun or Cleburne Counties.
2. The check was written within the last 12 months.
3. The check was deposited in your account within 30 days of the date on the check.
4. The check was processed by the bank or returned unpaid, bearing one of the following stamps: NSF, ACCOUNT CLOSED OR NO ACCOUNT FOUND. (We do not accept stop payment, irregular signature, frozen account, refer maker or any type of forgery.)
5. There has been no payment accepted on the check.

Instructions for Worthless Check Recovery Process

1. A notice must be sent to the person that signed the check via United States certified mail with a return receipt requested. The notice must be sent to the address on the check and state that the writer has 10 business days from the receipt of the notice to pay the check and associated service fee in full. (A form letter for this process is provided by our office)
2. A return receipt (green card) will be returned to you by the post office after the notice has been delivered. You have to give them 14 days to pay you the full amount. In the event the notice is returned refused or undeliverable, keep the notice and do not open it.
3. Once ten business days have lapsed from the received date on the notice, or the notice has been returned as refused or undeliverable, the legal requirement of notification has been fulfilled. The check can now be referred to the District Attorney's Worthless Check Unit after completing the following steps.
4. The stamped check/legal copy from the bank and notice receipt or returned notice must be submitted to the District Attorney's Worthless Check Unit, along with an affidavit form (this form is also provided by our office). The affidavit must be filled out entirely, including the date and signature of the complainant. If you need advice or assistance please call the Check Unit at (256) 231-1772 or come by our office for personal assistance. The Check Unit is located on the second floor of the Calhoun County Courthouse.
5. Attach the original check and green card or returned notice to the complaint and mail to the District Attorney's Worthless Check Unit, 25 West 11th Street, Suite 400, Anniston, AL 36201 or drop it off at the Worthless Check Unit on the second floor of the Calhoun County Courthouse.
6. Do not accept payment from the check writer after the check as been submitted to the Worthless Check Unit for prosecution. Any offer of payment by the check writer should be referred to the Worthless Check Unit. In the event you do choose to accept payment for a check that has been filed with our office, you will be charged a \$30.00 fee in accordance with the Alabama State Law.

When our Worthless Check Unit receives your complaint, every option currently available under Alabama State law will be exercised in the process, including as a last resort, the arrest and incarceration of the check writer. The District Attorney's staff will also normally handle all court appearances. In the event you are needed as a witness, you will be contacted by the Worthless Check Unit.

When our office receives the money on a worthless check, we will mail you a check the following month which will include the amount of the check plus the service fee allowed by law at the time the check was brought to our office.

Please let us know if the District Attorney's Office can be of assistance to you.

STATUTORY NOTICE

NAME _____ DATED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

This statutory notice is provided pursuant to 13A-9-13.2 of the Code of Alabama. You are hereby notified that a check or instrument numbered _____, for \$ _____, issued by you on _____ (date), drawn upon _____ (bank), has been dishonored. Pursuant to Alabama Law, you have 10 days from receipt of this notice to tender payment of the full amount of such 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 such check or instrument may assume that you delivered the instrument with intent to defraud and may turn over the dishonored instrument and all other available information relating to this incident to the proper authorities for criminal prosecution.

FIRM _____

ADDRESS _____

CITY _____

TELEPHONE _____

BY _____

WORTHLESS CHECK AFFIDAVIT

I HEREBY SWEAR AND AFFIRM that the information furnished below is true and correct according to the best of my knowledge, information and belief. I certify that this case is NOT brought for the collection of a debt, nor has the check been turned over to any private collection company for attempted collection. I understand that the complaint for the arrest of the defendant, signed by me, will be held by the Worthless Check Unit. I further understand that notice of the complaint will be sent to the defendant and he/she will have ten (10) working days to surrender to the Worthless Check Unit and make arrangements to pay restitution on the check. I further understand that by signing the complaint, I give up the right to accept restitution directly from the defendant, and may be called upon to testify and aid in the prosecution of the case. I understand that if, after I have signed the complaint, I wish to withdraw the complaint, I may do so for good cause, but I will have to pay a service fee of \$30.00.

Dated this _____ day of _____, _____

COMPLAINANT

COMPLAINT

Defendant

Victim

Name _____

Name _____ Ph _____

Street Address _____

Address _____

City _____ St. _____ Zip _____

City _____ St. _____ Zip _____

Phone _____ SSN _____

Notice Unclaimed

Employer _____ Phone _____

Notice Signed on _____, 20 _____

DOB _____ Sex _____ Race _____

By _____

DL# _____

What was check payment for _____

Insufficient funds Account Closed

Other information _____

Ck Amt _____ Date _____

Ck# _____ Bank _____

Name & Address of person who witnessed the signing of the check:

