

OFFICE OF THE DISTRICT ATTORNEY  
SECOND CIRCUIT COURT DISTRICT  
HARRISON, HANCOCK and STONE COUNTIES  
HARRISON COUNTY COURTHOUSE

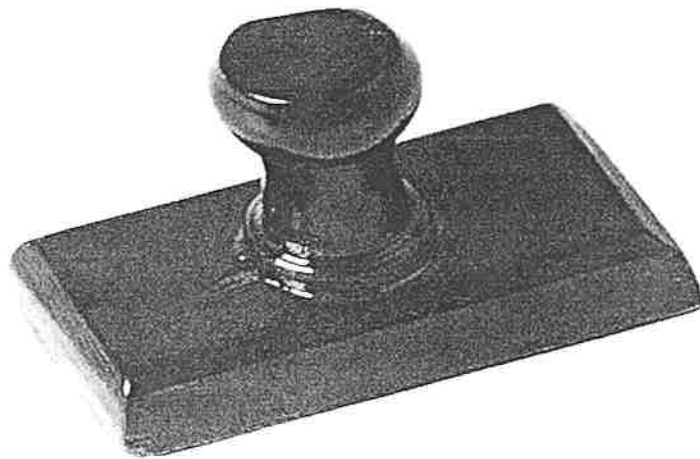
PHONE: 228-865-4149  
FAX: 228-867-6527



P.O. BOX 1180  
GULFPORT, MS 39502

W. CROSBY PARKER  
DISTRICT ATTORNEY

**HELP STOP BAD CHECK WRITING  
IN  
HARRISON, HANCOCK, & STONE  
COUNTIES**



**NSF**

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CHECKLIST FOR WORTHLESS CHECKS

1. The transaction must have taken place in the Second Circuit Court District which is composed of Harrison, Hancock, and Stone Counties.
2. All checks **MUST** be dated within 6 months of the date they are turned in to the District Attorney's Office.
3. All worthless checks **MUST** be stamped:
  - a) Insufficient Funds.
  - b) Account Closed.
4. On misdemeanor checks, i.e., checks under \$100.00, the check writer must be 18 years of age on or before the check date. The writing of a worthless check by a juvenile is, of course, still a crime; however, we will be using the adult criminal process to obtain restitution of these checks. A juvenile would have his case handled in family court, in which this office has no jurisdiction.
5. No checks Will be accepted that are stamped:
  - a) Stop Payment.
  - b) Uncollected Funds.
  - c) Refer to Maker.
  - d) No Such Account (usually counter checks)
  - e) Postdated Checks or checks you agree to hold for depositing at a later date.
  - f) **NO TWO PARTY CHECKS.**
  - g) **FORGERIES**-A forged check is, of course, the most classic type of check crime. However, the new law does not contemplate restitution on them by its provisions. All forgeries should be forwarded to the appropriate law enforcement agency as you have previously been doing as a processing as a felony crime.
6. No warrants will be issued on checks which have had partial payments made to the merchant. This amounts to an extension of credit, thereby converting the matter from a crime to a civil dispute.
7. A fifteen (15) day notice must be mailed to the check writer. The check writer must be given fifteen (15) days from the mailing of your letter to make the check good. At the end of the fifteen (15) day period, you may turn in the check.
8. A fifteen (15) day letter is not required on checks stamped Account Closed or drawn on an out of state bank. You may file a complaint with the Worthless Check Division immediately.
9. The letter must be sent to the last known address provided by the check writer.
10. You must bring the following when filing your complaint:
  - a) **ORIGINAL CHECK.**
  - b) Completed Worthless Check Division Complaint, Affidavit and Affidavit of mailing.
  - c) All information requested on the **WORTHLESS CHECK COMPLAINT** must be filled out as completely as possible. **PLEASE** include the following:
    - The initials of the person who took the check should be on the front of the check.

- The sex and race of the check writer.
- The driver's license of the check writer.
- The date of birth of the check writer.
- Place of employment.
- Physical address of the check writer.

NOTE: If address on the driver's license is different from check, please Include on Complaint.

UPON RECEIPT OF THE COMPLAINT, the Worthless Check Division will evaluate the complaint to determine whether or not the complaint is appropriate to be processed by the District Attorney.

11. Once charges are filed, they will NOT be dismissed unless approved by the Division Administrator. Mississippi Law requires that the business or individual withdrawing complaint pay the \$30.00 service charge for each withdrawn. If payment is accepted after the complaint is filed, by Mississippi law, the complaint must be withdrawn and the \$30.00 service charge paid. THIS IS NOT AN OFFICE POLICY, BUT IS AFFIRMATIVELY REQUIRED BY LAW.

This office strongly urges you to obtain all the above information and enforce this policy since each of the above steps plays an important part in locating and obtaining restitution from bad check writers.

On site employee training is available upon request.

Our Judges in the Justice Court, County Court, and Circuit Court have long fought the battle against those individuals who write worthless checks and will continue to do so. This law provides an additional tool for obtaining restitution on bad checks. The merchant or individual is till at liberty to pursue conventional criminal prosecution if for any reason it is deemed to be more appropriate in a given case. If you choose to prosecute criminally, go to the appropriate law enforcement agency as you have in the past.

**W. CROSBY PARKER**  
**DISTRICT ATTORNEY**  
**WORTHLESS CHECK DIVISION**  
2ND Floor, Harrison County Courthouse  
P .0. Drawer 1180  
Gulfport, Mississippi 39502-1180  
Telephone No. {228} 865-4149

**WORTHLESS CHECKS DIVISON**

# WORTHLESS CHECKS DIVISION

**NSF CHECKS**- First victim is to send out our 15 day letter provided in packet. After 15 days the defendant still does not pay, the victim can then turn over the original copy of the check and we will need them to fill out our complaint form, Affidavit page, and the mailing of Affidavit page. The Affidavit and mailing of Affidavit has to be notarized.

**Closed Account Checks**- The victim does not have to send out a letter but they can if they desire. They are allowed to turn these checks in the same day. All we need from them is the original copy check, the complaint form and the Affidavit page. The affidavit page has to be notarized.

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Your check or marker number \_\_\_\_\_ dated \_\_\_\_\_ drawn upon \_\_\_\_\_

Issued to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ has

been returned marked as \_\_\_\_\_

Under Mississippi Law, notice must be given of the return of the worthless check or marker fifteen (15) days prior to the right to prosecute.

This statutory notice is provided pursuant to Section 97-19-57, Mississippi Code of 1972. You are hereby notified that the check or marker has been dishonored. Pursuant to Mississippi law, you have fifteen (15) days from mailing of this notice to tender payment of the full amount of such, draft, order or marker, plus a service charge of forty (\$40) dollars, the total amount due being \$ \_\_\_\_\_.

Unless this amount is paid in full within the time period specified above, the holder 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.

NOTICE: If any notice is returned undeliverable to the sender after such notice was mailed to the address printed on the check, draft, order or marker, or the address given by the accused at the time of the issuance of the instrument, such return shall be prima facie evidence of the maker's or drawer's intent to defraud.

PENALTIES NOTICE: First offense, check less than \$100.00, a fine of \$25.00 to \$500.00 or imprisonment of 5 days to 6 months or both. Second offense, fine of \$50.00 to \$1000.00 and/or imprisonment of 30 days to one year. Third offense or any subsequent offense, no matter what the amount of the check, punishment is imprisonment of one to five years. For a first or second offense, if the check is for \$100.00 or more, the fine is \$100.00 to \$1000.00 and or imprisonment up to three years.

FIRM: \_\_\_\_\_

BY: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

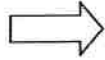


**OFFICE OF THE DISTRICT ATTORNEY  
STATE OF MISSISSIPPI - 2<sup>nd</sup> CIRCUIT COURT DISTRICT  
WORTHLESS CHECK / MARKER COMPLAINT FORM**

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 (i.e., postdated check). I understand that once this case is accepted by the District Attorney, I cannot accept any payments directly from any person on behalf of the defendant unless I withdraw this complaint and satisfy a service charge of \$30.00 to the Worthless Check Division as required by law. I understand that I will have no further connection with this case except to testify in court in the event the District Attorney must proceed with criminal prosecution. Any person who wrongfully and corruptly swears or affirms to an affidavit may be subject to criminal charges for the offense of perjury.

CIRCLE ONE

A "YES" answer to any of these questions indicates that this matter should be handled through civil court and not by our office.



DOES THIS COMPLAINT INVOLVE A POST DATED CHECK?    YES    NO  
DOES THIS COMPLAINT INVOLVE A TWO PARTY CHECK?    YES    NO  
DOES THIS COMPLAINT INVOLVE AN EXTENSION OF CREDIT?    YES    NO  
WAS PARTIAL PAYMENT RECEIVED ON THIS ACCOUNT?    YES    NO

(PLEASE PRINT)

INFORMATION REGARDING ISSUER - CHECK WRITER			
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX (if any)
SSN:	DOB:	RACE:	SEX:
ADDRESS 1:			
ADDRESS 2:			
CITY:	STATE:	ZIP:	COUNTRY:
PHONE #:	DRIVERS LICENSE #:	STATE:	
PHONE (WORK):	PHONE (CELL):	OTHER CONTACT INFO:	
TYPE OF IDENTIFICATION PRESENTED:			
PLACE OF EMPLOYMENT:			
COUNTY IN WHICH CHECK ACCEPTED:      HARRISON _____      HANCOCK _____      STONE _____			
CHECK / MARKER INFORMATION			
CHECK / MARKER #:	DATE:	AMOUNT:	SERVICE FEE:
NAME & ADDRESS OF PERSON ACCEPTING CHECK / MARKER:			STILL EMPLOYED: YES ___ NO ___
PURPOSE OF CHECK / MARKER (CASH, MDSE, SERVICES, GAMING, ETC):			
PHYSICAL ADDRESS WHERE CHECK WAS PASSED:			
VICTIM INFORMATION			
VICTIM OR BUSINESS NAME:		CORPORATE NAME (IF DIFFERENT):	
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT NAME:	PHONE #:	FAX #:	
CONTACT E-MAIL:			

\*\*\*\*\*ATTACH ORIGINAL CHECK WITH THIS COMPLAINT\*\*\*\*\*

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

AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_ COURT, \_\_\_\_\_ DISTRICT

BEFORE ME, the undersigned authority in and for the jurisdiction aforesaid, \_\_\_\_\_

\_\_\_\_\_ (Affiant/Victim) makes oath that \_\_\_\_\_

(Defendant/Suspect) on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ (date check was written), within the Judicial District, County and State Aforesaid with fraudulent intent, did "feloniously" (for felony amount) or "unlawfully" (for misdemeanor amount), issue, utter and deliver to \_\_\_\_\_

\_\_\_\_\_ (person/business to whom check made payable), a certain check, draft, order payment of money drawn, or marker drawn upon \_\_\_\_\_

\_\_\_\_\_ (name of bank upon which check/marker is written), a banking corporation, for the purpose of obtaining \_\_\_\_\_

(cash, merchandise, services, gaming, etc.) of the value and in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ (amount of check), he/she the said defendant, knowing at the time of the issuing, uttering and delivering of said check, draft, order for payment, marker that he/she did not have sufficient funds in or on deposit with the aforesaid banking institution for the payment of such check, draft, order for payment, or marker in full and all other checks, drafts, orders or markers upon such funds then outstanding, in violation of Section 97-19-55 of the Mississippi Code of 1972, as amended, and

Against the Peace and Dignity of the State of Mississippi

\_\_\_\_\_  
AFFIANT

ACKNOWLEDGMENT

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

AFFIDAVIT OF MAILING

STATE OF MISSISSIPPI

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

I, \_\_\_\_\_, being duly sworn on oath, do state that:

- I am at least eighteen (18) years of age;
- On \_\_\_\_\_ (date), I 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 US Mail at \_\_\_\_\_  
 \_\_\_\_\_ (location from which envelope mailed).

\_\_\_\_\_  
 Signature

ACKNOWLEDGMENT

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_  
 \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_