

Sample Demand Letter

Illinois State Statute requires victims to make at least **two attempts** to deposit or cash a check – **with a seven (7) day period between attempts**. Victims must make a documented attempt to collect on the check. A victim must write the check writer to inform them about the dishonored check. If you cannot reach the check writer or he or she does not pay, you should proceed with referring the check to the Check Enforcement Program.

The sample demand letter below is suitable to send the check writer. The language of the letter conforms to the requirements of the Illinois State Statutes.

Note: Victims of bad checks must not make any threats of prosecution (written or oral) to enforce or enhance the collection or honoring of the check.

1 Be sure to date the letter.

2 You can vary this text, but the text of a demand letter should “substantially conform to” this wording.

Keep a copy of the demand letter and enclose a copy of the demand letter and return receipt when you submit the check to the Check Enforcement Program.

If it is returned as undeliverable, you should enclose the undelivered letter when you submit the check to the Check Enforcement Program.

You may require the check writer to pay fees allowable by law. The Check Enforcement Program requires check writers to pay the victim a victim fee to cover any charges that are incurred as a result of the bad check, as well as the full amount of the check..

In the event you contact the check writer by phone, you should essentially give the same information as shown in this sample letter.

Of course you are free to discuss the matter with the check writer, but remember to avoid threats of prosecution.

(Company Letterhead)

1 Date

Check writer
Address
City, State Zip

Re: Notice of Dishonored Check

2

A check drawn by you and made payable by you to _____ in the amount of \$_____ has not been accepted for payment by _____, which is the drawee bank designated on your check. This check is dated _____, and is numbered _____.

You are CAUTIONED that unless you pay the amount of this check within ten days after the date this letter is postmarked, the check may be turned over to the State’s Attorney’s.

You are to make payment to _____ at the following address: _____.

Sincerely,

(Signed)
(Phone number)

Kane County State’s Attorney’s Check Enforcement Program

We will do our best to make sure your dishonored check(s) are handled promptly and efficiently. If you have questions about the Program or any of the dishonored checks you have referred, contact us at the phone or internet address below.

P.O. Box 35 | South Elgin, IL 60177 | toll-free 1-888-616-6478 | www.hotchecks.net/kane