

TO WHOM IT MAY CONCERN:

This packet contains the necessary forms and instructions for you to file an **ISSUE OF WORTHLESS CHECK (IOWC)** complaint under Wisconsin State Statute 943.24. **Only** those checks received by you **within** the City of Milwaukee may be filed with the Milwaukee Police Department. You may reproduce any materials within this packet that are necessary for filing a complaint. For additional information regarding IOWC or completing this packet, go to www.milwaukee.gov/police, click on the link on the left hand side of the page called "Information and Services" and then click on Financial Crimes Unit.

It is important that all of the forms filed by you are complete, accurate and legible; therefore, they must be typed or printed in black ink. It is equally important that you refer to the "Issue of Worthless Check Policy Exceptions" list that provides information on matters pertaining to civil actions. If your situation includes any of the items listed on the Policy Exceptions, you **CANNOT** file an IOWC complaint with the Milwaukee Police Department. This does not mean that you cannot attempt to recover your losses, but rather that it must be done through Small Claims Court.

The following are the requirements for filing an IOWC complaint:

1. You must have the original check (handle as little as possible and place in a clear plastic bag or envelope) or replacement check issued by your financial institution.
2. The check must have been processed through the banking system **OR** you must have documentation from the issuing bank, either on the check itself **OR** on the bank's letterhead, stating the reason the check was not processed (i.e. non-sufficient funds, account closed, etc.).
3. You must have sent a **five (5) day demand letter** (useable sample attached) and a copy of the check to the last known address of the check writer via **certified mail with a return receipt requested**.
4. Once the 5-day demand letter has been delivered and you have received the signed postal receipt for the letter, and still no payment has been received, or you receive the 5-day demand letter returned as undeliverable or unclaimed, you may then fill out an "Issue of Worthless Check Report" (Form PI-33).

5. If any of questions 1 - 9 on the IOWC Questionnaire (Page 3) are answered "**NO**", or if any of questions 10 – 15 are answered "**YES**", you **CANNOT** file a complaint with the Milwaukee Police Department. You must proceed with Small Claims Court.
6. If question 17 on the IOWC Report is answered "**NO**", then the check is a forgery and you must obtain a notarized affidavit of forgery and file a **FORGERY** complaint by following the forgery complaint instructions on the Milwaukee Police Department website.
7. Once the forms have been completed, submit the forms in person to the district in which you reside to file your complaint. You must bring the **original check, copy of the 5-day demand letter, signed postal return receipt or the returned 5-day demand letter, and the properly completed IOWC Report to the district.**
8. In order to file an IOWC complaint with the Milwaukee Police Department, you must be able to make available any persons who are needed for the prosecution of this case. If the person(s) needed as witnesses refuse or fail to cooperate in the case, your complaint could be withdrawn and the prosecution stopped.
9. If you file an IOWC complaint, and you later receive payment for the worthless check, you must notify the Milwaukee Police Department immediately. Be aware that entering into any agreement to accept payment for the worthless check(s) by way of a payment schedule causes your IOWC complaint to be null and void. If payment is to be accepted from the writer of the worthless check, it is in your best interest to accept the full amount owed in cash, money order or cashier's check. You should also provide the check writer with a receipt for payment.

ISSUE OF WORTHLESS CHECK QUESTIONNAIRE

CHECK YES or NO

- YES NO 1. Was the check written **less than** one (1) year ago?
- YES NO 2. Was the check issued/received in the City of Milwaukee? ADDRESS WHERE CHECK WAS RECEIVED:
Street Address _____ Zip Code _____
- YES NO 3. Is the check drawn on a financial institution within the State of Wisconsin?
NAME OF INSTITUTION: _____
- YES NO 4. Was the check **written** and **presented** in person? **Signed** in person, also.
- YES NO 5. Was identification from the check writer viewed?
Type of identification inspected: _____ **Photo** compared.
The number on the ID card was written on the front or back of the check.
OR
 The check writer was a regular customer or known acquaintance. If a regular customer or acquaintance, for approximately how long? _____
- YES NO 6. In exchange for the check, did the writer receive cash, merchandise, services (check all that apply)?
- YES NO 7. Is the person who accepted the check available and willing to testify in court? If not, is a company representative available? Yes No
- YES NO 8. Was the check stamped by the bank NSF or ACCOUNT CLOSED, indicating non-payment, **OR** is there proof on the issuing bank's letterhead that the check is worthless?
- YES NO 9. Did you send the check writer a letter by certified mail – return receipt requested demanding restitution within five (5) days?
- YES NO 10. Did the check writer ask that the check be held for any length of time? If so, how long? _____
- YES NO 11. Was the check dated after the date of sale/transaction (i.e. post-dated)?
- YES NO 12. In addition to the Milwaukee Police Department, has the check been referred for collection to a collection agency, lawyer, small claims court, other police department or bankruptcy court or has a lien been placed against any property? If so, explain _____
- YES NO 13. Have you received any restitution, in part or in full?
- YES NO 14. Was the check for payment on a past due or credit account?
- YES NO 15. Was the check issued for payment of a contractual agreement?
- YES NO 16. Is the name signed on the check imprinted anywhere on the check?
Name imprinted at top of check: _____
Name **signed** on check: _____
- YES NO 17. If the check presented is on a business account, is the signature on the maker line (lower right front) an authorized signature? Explain _____
- YES NO 18. Did the check writer appear intoxicated or otherwise impaired? If so, describe _____

If any of questions 1 – 9 on the IOWC Questionnaire (Page 3) are answered “**NO**”, or if any of questions 10 - 15 are answered “**YES**”, you **CANNOT** file a complaint with the Milwaukee Police Department. You must proceed with Small Claims Court.

MILWAUKEE POLICE DEPARTMENT ISSUE OF WORTHLESS CHECK REPORT

Case No.: _____

File No.: _____

COMPLAINING WITNESS

Your Name: _____ / _____ Date of Birth: ____/____/____
Last First M.I. Race Sex

Home Address: _____ Home Phone: () _____
City State Zip

Business Name: _____ Employee Owner

Business Address: _____ Bus. Phone: () _____
City State Zip

The information given in this complaint is true and correct to the best of my knowledge and I intend to fully cooperate with the investigation and prosecution of this matter, if so requested.

Complainant's Signature: _____ Date: ____/____/____

Same as above
(If so, skip to next section)

WITNESS WHO PERSONALLY RECEIVED CHECK

Name: _____ / _____ Date of Birth: ____/____/____
Last First M.I. Race Sex

Home Address: _____ Home Phone: () _____
City State Zip

Employment Title: _____ Bus. Phone: () _____ Can Identify Suspect? Yes No

COMPLAINT CHECK INFORMATION

If you have more than one check written by the same person, select the check with the best identification, largest amount, etc. and provide the following information from that check (additional checks can be listed on the back of the *Check Writer's Information* report (Form PI-33A).

Name of Check Writer: _____ / _____ Date of Birth: ____/____/____
Last First M.I. Race Sex

Address Printed on Check: _____ Phone: () _____
City State Zip

Account Name Printed on Check: _____ Date Written on Check: ____/____/____

Check No.: _____ Check Amount: \$ _____ Bank / S&L Check is Drawn on: _____

Address Where Check Was Presented: _____ Date/Time Check Was Accepted: _____

FOR OFFICE USE ONLY

State Statute 943.24 Misdemeanor Felony Wants: _____ SSN: _____ Bofl No.: _____

OIL OIL Date: _____ Response: _____ Disposition: _____

Read - In Summons Warrant No.: _____ A.D.A. _____

Charging Check No.: _____ Date of Check: _____ Check Amount: \$ _____ Total Checks: \$ _____

Reporting Officer: _____ Date Report Received: _____

CHECK WRITER'S (SUSPECT) INFORMATION

Suspect's Name: _____ Sex: ____ Race: ____
Last First Middle
 Age: ____ or Date of Birth ____/____/____ Height: ____ Weight: ____ Build: ____ Hair: ____ Eyes: ____
 Alias/Maiden Name: _____
 Current Address: _____
Street Address City State Zip Code
 Phone Number: (Home) _____ (Work) _____
 Previous Address: _____
Street Address City State Zip Code
 Place of Employment: _____
 Additional Information: _____

CONTACTS WITH CHECK WRITER

Describe efforts taken to recover money on the worthless check(s). Use additional pages if necessary.

Date of Contact	Type of Contact	Response
	CERTIFIED 5-DAY DEMAND LETTER	

NARRATIVE

Please provide a brief account as to what each check was issued for, how each check was issued and any other details about the check transaction(s). Use additional pages if necessary.

ADDITIONAL CHECKS

DATE OF CHECK	CHECK NUMBER	AMOUNT	CHECK ISSUED FOR: (check all that apply)	S A M E	STORE NAME AND ADDRESS WHERE CHECK PRESENTED	ACCEPTED BY: NAME, SEX/RACE, BIRTH DATE, ADDRESS, PHONE	CAN I.D. SUSPECT? (check one)	BANK REJECTION REASON (check one)
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service	<input type="checkbox"/>			YES NO	ACCT. CLOSED / NSF / OTHER

\$ _____ Subtotal of checks on this page

\$ _____ Additional fees / service charges

\$ _____ Amount of **complaint check** (at top of page 2 of IOWC report)

DISPOSITION _____

\$ _____ TOTAL RESTITUTION (Do **not** include additional fees/charges)

Date: _____

Dear _____,

On _____, you issued a check to me / us in the amount of

Date

_____, drawn on _____, which was not

Check Amount

Bank Name

honored by the bank. The check has been returned by the bank because of N.S.F. or Account Closed.

Upon instruction from the Milwaukee Police Department relating to Wisconsin State Statute 943.24, you are given an opportunity to make good on this check within five (5) days from receipt of notice of its dishonor. If restitution is not made or no satisfactory explanation is given as to why this check was dishonored, I will request prosecution through the Milwaukee Police Department. Please make arrangements to pay restitution by contacting the undersigned immediately.

Sincerely,

Signature

Print Name

Business Name

Address

City, State, Zip Code

I can be contacted at: _____
Telephone Number