

To: Persons or businesses receiving bad checks  
Re: Procedure for Criminal Prosecution  
From: Bowling Green City Prosecutor's Office  
711 South Dunbridge Road  
P.O. Box 267  
Bowling Green, Ohio 43402  
(419) 354-6285

**Procedures to File a Bad Check Complaint**

(Please keep this for future reference)

**PLEASE NOTE: THE COURT NOW REQUIRES THAT ALL CHECKS HAVE SOME FORM OF IDENTIFICATION ON THEM (I.E. SOCIAL SECURITY NUMBER OR DRIVER'S LICENSE NUMBER). IF YOU CANNOT PROVIDE THIS INFORMATION, PLEASE TAKE THE MATTER TO YOUR LOCAL LAW ENFORCEMENT AGENCY.**

Step 1: Once you have a check returned to you from your bank for NSF or for a closed account, you must notify the person who wrote the check in writing. This must be a dated letter that is sent certified mail, return receipt requested. In this letter you must include the following information: amount of check/s, date of check/s, number on check/s, why it was returned (NSF or account closed) and service charge amounts per check. State in the letter that you will give them ten (10) days from the date of the letter to contact you to make payment or payment arrangements. Please keep a record of the dates of contact and what, if any, payments or payment arrangements were made. **Please keep a copy of this letter for your records!** Once you receive either the green signature card or the unclaimed envelope back and no payments or payment arrangements are made, you may then proceed to step 2. If you get the unclaimed envelope back with a different address written on it for forwarding, you must send a new letter to that new address before proceeding to step 2.

Step 2: At this point, you may file a "Complaint Questionnaire Packet" with our office. This packet must contain **2 copies** of the following:

- The Complaint Questionnaire (keep a blank one on hand to make copies from)-This must be **completely filled out and signed.** Make any notes on contact with the person regarding payment or agreements on the back of this form. Please note that the second line asks for "complainant's name". This must be the person who will sign this form, the official charges and appear in court. The name and address of the business will go under the "Business Name" and "Business Street Address" lines. Be sure to copy the name of the accused person exactly as it appears on the check including any middle initial. Use the last known address. (Such as a new forwarding address, if known.)
- A copy of the dated letter you sent by certified mail.

- A copy of the front and back of the check/s.
- A copy of either: a) the green signature card or b) the unclaimed envelope  
**Please remember to include two (2) copies of each!**

Once you turn in this Complaint Questionnaire Packet to our office, we will attempt to contact the accused by sending them a letter. In this letter, we will give them ten (10) days to contact you to make payment or payment arrangements. We ask that from the date we contact them, that you allow at least fifteen (15) days from that date before coming in to file charges. We will send you a copy of our letter so that you know when it was sent. If payment is made in full, please notify our office so that we may close our file. If no payment or payment arrangements have been made by fifteen (15) days after the contact date, you may come in to file criminal charges. Please call us and give us at least a one-day notice to prepare the charges before coming in to sign them. In order to file charges, you must bring in and show us the original check to confirm that the person has not paid the bad check and service charges. After this point, you may not take any payment from the accused. If payment is taken without this person appearing through court, you and/or your business may be ordered to pay court costs.

### **Maintaining Your Files for Bad Checks**

Your filing system should include three areas to help identify which bad checks you may take payment on. These areas could be either simple file folders or, if necessary, file boxes. The first area should be where you keep bad checks that are received back from your bank and you have started your procedure to notify the accused. By “your” procedure, we mean that you have sent a certified letter (return receipt requested) to the accused, but you have not filed a complaint with our office. You may still take payment on any checks at this point. The second area should include bad checks that you have turned into our office for prosecution, but we have not yet officially filed charges in the Municipal Court. You may still take payment at this point. The third and final area should include all checks that you have turned into us for prosecution and we have filed official charges in the Bowling Green Municipal Court. You may NOT take any payment from the accused person unless the person has a Judgment Order from the Court that orders restitution. If there is ever any question on whether or not to take payment, please do not hesitate to contact our office. If by chance you accidentally take a payment after charges have been filed, please contact our office immediately.

Please keep in mind, our office can only accept bad check complaints when:

- The check was passed within our jurisdiction.
- The check was written within the last 2 years.
- The check was written for under \$500.00

Please contact us if you have any questions.

**BAD CHECK COMPLAINT QUESTIONNAIRE**

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(419) 354-6285

**A. COMPLAINANT**

Business Name \_\_\_\_\_  
Complainant's Name \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Position/Days & Hours Worked \_\_\_\_\_

**B. ACCUSED**

Name (include MI if known) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Ohio Lic. #: \_\_\_\_\_

**C. INCIDENT**

Check Number/s \_\_\_\_\_  
Amount/s \_\_\_\_\_  
Date on Check/s \_\_\_\_\_  
Location where check was passed \_\_\_\_\_  
Bank on Check/s \_\_\_\_\_ Reason for Return \_\_\_\_\_  
Names appearing on check \_\_\_\_\_  
Signature on Check \_\_\_\_\_  
Name of person who gave check \_\_\_\_\_  
Name of person who accepted check \_\_\_\_\_  
Was Identification Required? \_\_\_\_\_ If So, what type? \_\_\_\_\_  
Service Charge per check \_\_\_\_\_

**D. CONTACT**

Please list on back of this form any contact you've had with the accused.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Complainant