

Director of Safety
K. Tyler Brewer

Phone: 316-775-4500
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Fire Division
Major Ray Marbut

Special Services Division
Captain Bruce Relph



Emergency 9-1-1

Worthless Check Procedure

If you receive a check back from a bank as unpaid and you wish to report the check as a Worthless Check to the Augusta Department of Public Safety, the following procedure needs to be followed:

1. Send written notice to the owner of the account on which the check was written that said check has been returned by the bank as unpaid and that the account owner has seven (7) days in which to pay in full, you, the amount of the check plus a service charge not to exceed \$30.00 per check. This notice needs to be sent by certified mail, return receipt requested to addressee only, to the address on the check and, you need to keep a copy of the written notice that you send as well as the certified mailing receipts (both white slip and green card when you receive it back).
2. If payment is not received within seven days after the above notice was received or if your written notice was not received and returned to you unopened, proceed in completing, but **DO NOT SIGN** the attached affidavit and information packet on the incident unless it is signed in front of a Notary Public. Each of the dispatchers at the Augusta Department of Public Safety are Notary's and will notarize the attached documents for you if needed.
3. Bring the following items to the Augusta Department of Public Safety or have them present when you call an officer to report the worthless check:
 - the original worthless check
 - any receipt of the sale involved or any other document(s) concerning the transaction and/or any attempts you made to collect on the check
 - a copy of the written notice you sent by certified mail
 - the white postal fee receipt from your certified mailing
 - the green postal delivery receipt card from the certified mailing or the unopened, written notice you sent and received back from the Postal Service
 - your completed information packet
 - your completed affidavit

If you have any questions, call the Augusta Department of Public Safety at (316) 775-4500.

2100 North Ohio Augusta, Kansas 67010

On the _____ day of _____, 20_____, I did by letter deposited as restricted matter in the U.S. Mail, addressed to the addressee only at the address as it appears on said check, draft, or order, advise the maker of the failure of the check to clear the bank and warned that if the check was not paid within seven (7) days, it would be submitted for prosecution.

I also notified the maker or passer of the check by the following means:

After notice was delivered to the maker, payment was not received within seven days or the written notice I sent was returned to me as not served.

The attached check is submitted to the Augusta Department of Public Safety for the purpose of prosecution with the full understanding that the prosecution will not be dismissed because of restitution has been made. I further understand that upon delivery of the check to the Augusta Department of Public Safety, restitution cannot be accepted by me, but should be directed to the Augusta Department of Public Safety.

I am aware that under the provision of K.S.A. 21-5822, causing the unlawful prosecution for worthless checks is a class A nonperson misdemeanor, punishable by not more than one (1) year in the county jail and/or a fine not to exceed \$2,500.00 and the taxable costs of the prosecution initiated by such person or upon information supplied by such person. I am further aware that causing an unlawful prosecution for worthless check is filing this affidavit or supplying information upon which a prosecution for giving a worthless check is commenced with knowledge that the check was post-dated and that the check was presented for payment prior to the date that the maker or passer said that there would be sufficient funds available to cover the amount of said check.

Having read the forgoing, I do hereby affix my signature this _____ day of _____, 20_____.

(Signature of Affiant)

Affiant's address:

Affiant's telephone number:

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My term expires: _____

INFORMATION FOR WORTHLESS CHECK OFFENSE REPORT

INSTRUCTIONS:

1. Print clearly or type all answers.
2. ALL questions in this report must be answered. There are a lot of questions, but answering them completely and accurately might save you several hours in court. Use only one report for EACH CHECK.
3. Please DO NOT guess at any answers. If you do not know the answer, put down "unknown". If the questions asked do not apply to your situation, put down "N/A".
4. All witnesses MUST sign the report.
5. When the report is completed, bring it to the Augusta Department of Public Safety, 2100 N. Ohio, Augusta, KS 67010. If you have any questions, please contact the department either in person or by calling 775-4500. You will be kept advised of the status of the case.

SECTION I: THE CHECK TRANSACTION

(This section to be completed by the person that **RECEIVED** the check)

1. Date on check: _____
2. Date check received: _____
3. Check number: _____
4. Name of victim (payee): _____
5. Victim's address: _____
6. Victim's telephone number: _____
7. Address where check passed: _____
8. Check was delivered: in person; or via mail.
9. Purpose for which check was given: cash; goods; services; rent
10. Describe these goods, services or rent: _____
11. Where did the check passer/writer receive the cash, goods, rent or services?

12. When did check passer/writer receive the cash, goods, rent or services?

13. Has the merchandise or rent been returned? Yes No
14. If so, why? _____
15. If so, when? _____

16. At the time the check was passed, did check passer make any statements to the effect that he/she did not have enough money in the bank to cover the check? Yes No
If so, what was said _____
17. At the time the check was passed, did check passer ask you to hold the check or delay depositing it? Yes No
If so, what was said _____
18. Did you, your boss, or other employee agree to hold the check or delay depositing the check? Yes No
19. Did you accept the check in good faith believing that there was enough money on deposit at the time to allow the check to clear the bank? Yes No
20. Reason check was returned by the bank: Account Closed Unavailable Funds
 Insufficient Funds Blocked Stop Payment

I AGREE THAT I WILL APPEAR AND TESTIFY TO THE INFORMATION IN SECTION I IN ANY COURT OF LAW FOR THE PURPOSE OF PROSECUTION.

Printed name of person receiving the check Signature of person receiving the check

Date: _____

Address and telephone number:

SECTION II: THE CHECK PASSER

(This section is to be completed by the person that **RECEIVED** the check)

1. Name of the check passer: _____
2. Sex: _____ 3. Race: _____ 4. Age: (adult/juvenile): _____
5. Height: _____ 6. Weight: _____ 7. Hair color: _____
8. Eye color: _____ 9. Unusual marks, deformities or traits: _____
10. Did passer present Identification? Yes No
If so, what kind _____
11. Can you identify the check passer if you see him/her again? Yes No Unknown
12. Have you seen the check passer before date he/she passed this check? Yes No

13. Was any kind of picture or fingerprint of check passer taken? Yes No
14. Name of anyone else present at the time the check was passed who can identify the check passer _____
15. Is the person who passed the check also the person who signed it?
 Yes No Unknown
16. If not, what is the address of the check passer? _____

I/WE AGREE THAT I/WE WILL APPEAR AND TESTIFY TO THE INFORMATION IN SECTION II IN ANY COURT OF LAW FOR THE PURPOSE OF PROSECUTION.

 Printed name of person receiving the check Signature of person receiving the check
 Date: _____

Address and telephone number:

 Printed name of witness to check passing Signature of witness to check passing
 Date: _____

Address and telephone number: _____

 Printed name of witness to check passing Signature of witness to check passing
 Date: _____

Address and telephone number:

SECTION III: THE CHECK WRITER:

(Complete this section only if the check passer is **NOT** the person whose signature appears of the check. Any witness who can answer the questions may complete this section.)

- 1. Can you identify the check writer? Yes No
- 2. If so, name of the check writer _____
- 3. Have you done business with the check writer before? Yes No
- 4. Was the check writer present when the check was passed? Yes No
- 5. What part of the check did check passer write, if any? _____

I AGREE THAT I WILL APPEAR AND TESTIFY TO THE INFORMATION IN SECTION III IN ANY COURT OF LAW FOR THE PURPOSE OF PROSECUTION.

Printed name of check writer witness Signature of check writer witness

Date: _____

Address and telephone number:

SECTION IV: ANY CONTACT WITH CHECK WRITER/PASSER

(This section is to be completed by employer or other person who attempted to collect on the check).

- 1. Prior to receiving this check, have you or your firm received any other checks from this person or on this account, which bounced? Yes No
- 2. If so, what happened on these earlier checks? _____

- 3. Name of person who wrote 7-day letter to check writer/passers? _____

4. Name of person who mailed the 7-day letter to check writer/passers?

5. If letter were sent to an address different than address on check, list that address and explain why. _____

6. If check writer has been notified in any other way that the check bounced, who told him/her? _____
7. When? _____ 8. How? _____
9. What agreements, if any, toward restitution on this check has been made or offered?
 None OR _____
10. What payment, if any, towards restitution on this check has been made or offered?
 None OR _____

I/WE AGREE I/WE WILL APPEAR AND TESTIFY TO THE INFORMATION CONTAINED IN SECTION IV IN A COURT OF LAW FOR THE PURPOSE OF PROSECUTION. I/WE FURTHER AGREE NOT TO ACCEPT RESTITUTION NOR ATTEMPT TO BARGAIN WITH THE CHECK WRITER/PASSER OR ANYONE ELSE ON HIS/HER BEHALF ABOUT THIS CHECK WITHOUT PRIOR APPROVAL OF THE CITY ATTORNEY.

Printed name of person writing 7 day letter Signature of person writing 7 day letter

Date: _____

Address and telephone number:

Printed name of person mailing 7 day letter Signature of person mailing 7 day letter

Date: _____

Address and telephone number:

Printed name of other person contacting the check writer/passers about the check Signature of other person contacting the check writer/passers about the check

Date: _____

Address and telephone number:
