



**ST. CROIX COUNTY
DISTRICT ATTORNEY**

St. Croix County District Attorney's CHECK DIVERSION PROGRAM

**RESTITUTION GUIDE FOR MERCHANTS AND
RESIDENTS**

ST. CROIX COUNTY DISTRICT ATTORNEY

Dear St. Croix County Merchants and Residents:

As consumers and taxpayers, we all pay higher prices because of the losses associated with people issuing worthless checks. Our office and law enforcement spend significant resources investigating and prosecuting people who issue worthless checks. Along with this, the number of worthless check cases increase every year.

In response to concerns regarding worthless checks, my office and your local law enforcement have implemented a worthless check diversion program.

The main goals of the program are:

- Restitution for victims
- Increase accountability of people who issue worthless checks
- Educate and assist St. Croix County merchants and residents in reducing the number of worthless check written
- Reduce the costs for investigating and prosecuting worthless check cases

The program is at no cost to the taxpayer or area merchants. It is solely supported by the people who issue the worthless checks.

If you have further questions after reviewing this packet, please contact the Check Diversion Program at 1-800-906-8182.

St. Croix County District Attorney
Eric Johnson

WHEN TO CONTACT LAW ENFORCEMENT

Report:

- Counterfeit check(s)
- Altered checks
- Forged checks of any amount
- Checking account opened using fraudulent information
- Stolen checks

When you are a victim of the above crimes, call Law Enforcement to file a report. A police officer will take an initial report. **You must report these crimes immediately upon knowing.**

ST. CROIX COUNTY SHERIFF'S DEPARTMENT

(715) 381-4320 / Fax: 386-4606

BALDWIN POLICE DEPARTMENT
(715) 684-3856 / Fax: 684-2490

GLENWOOD CITY POLICE DEPARTMENT
(715) 265-4228 / Fax: 265-7389

HAMMOND POLICE DEPARTMENT
(715) 796-2345 / Fax: 796-5454

HUDSON POLICE DEPARTMENT
(715) 386-4771 / Fax: 386-4266

(LAW ENFORCEMENT CONTINUED ON NEXT PAGE)

NEW RICHMOND POLICE DEPARTMENT
(715) 246-6667 / Fax: 246-4370

NORTH HUDSON POLICE DEPARTMENT
715) 386-8433 / Fax: 386-7011

RIVER FALLS POLICE DEPARTMENT
(715) 425-0909 / Fax: 425-0932

ROBERTS POLICE DEPARTMENT
(715) 749-3467 / Fax: 749-3487

SOMERSET POLICE DEPARTMENT
(715) 247-3319 / Fax: 247-5987

STAR PRAIRIE POLICE DEPARTMENT
(715) 248-7720 / Fax: 248-7721

WOODVILLE POLICE DEPARTMENT
(715) 698-2169 / Fax: 698-2697

SIGNAGE

The following signage is required by Wisconsin law to allow merchants to enforce collection of service charges and civil penalties. This must be posted where your customers can see the service charge at the time the check is accepted by the merchant. Copy as needed.

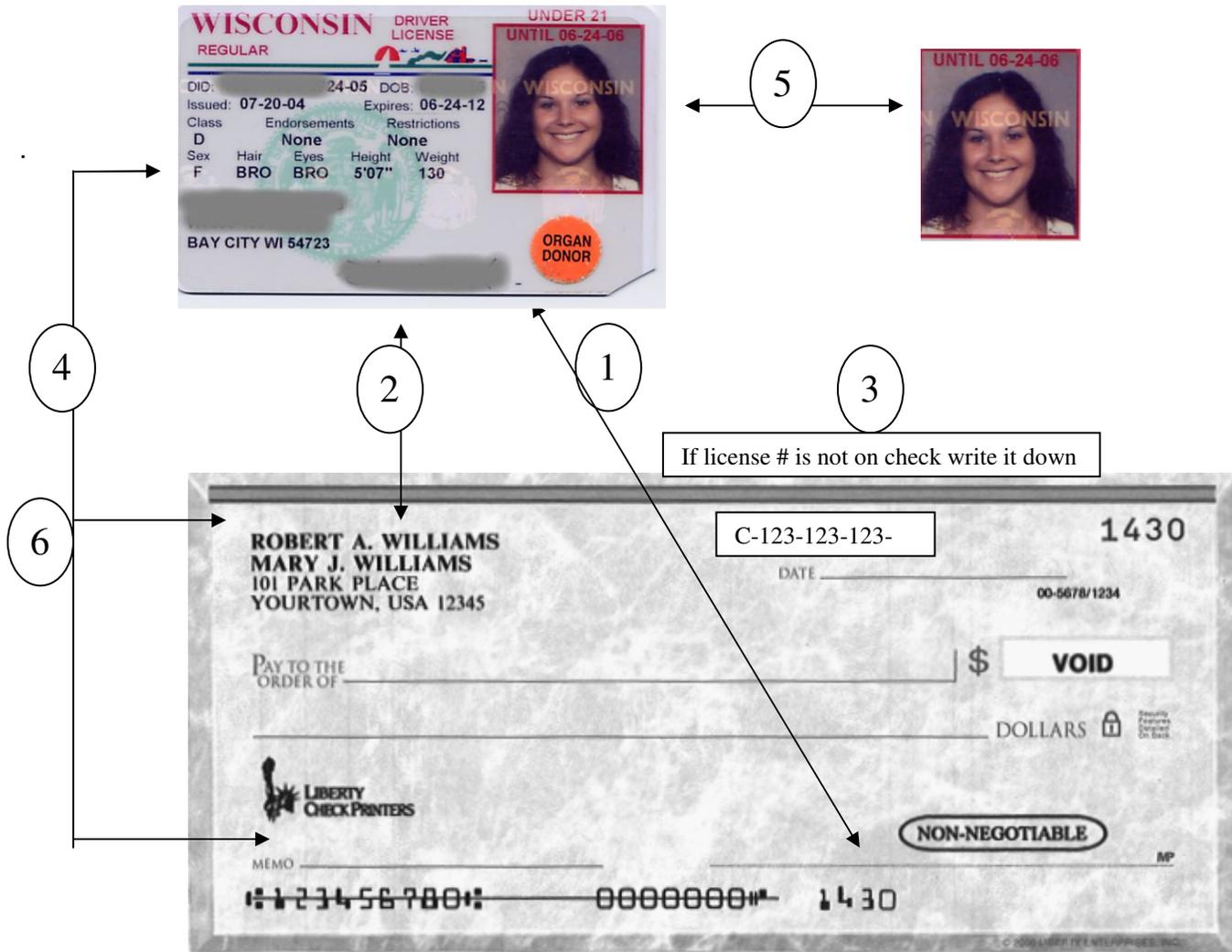
IT'S AGAINST THE LAW TO WRITE A BAD CHECK IN WISCONSIN

**Checks returned to us for nonpayment
are subject to a service charge of**

\$30

Additional civil penalty may be imposed
on checks returned for nonpayment after 30 days.

CHECK ACCEPTANCE PROCEDURES



1. Check the signatures on the identification card and match this signature to the signature on the check (endorsement line). If these signatures do not match, acceptance should be declined
2. Make sure the identification card matches name and address on the check
If time permits write down good address as indicated by customer
3. Record or circle the Drivers License number or identification number
4. Record date of birth (i.e. DOB 1/29/72)
5. Make sure photo on identification card matches customer
6. Have employee initial upper left corner
7. Telephone number

MEMORANDUM OF UNDERSTANDING

It is my intention to submit worthless checks to the Check Diversion Program. This is an acknowledgement to cooperate with all aspects of this program including:

To appear as witness, or have my staff appear as witnesses, as required for any prosecution of a worthless check submitted in this program.

I further agree that once a check has been submitted, I will NOT ACCEPT restitution from anyone, except from the Check Diversion Program. If restitution is accepted from anyone other than the Check Diversion Program, I could be liable for services performed and could be excluded from future service of this program for at least one year.

If I accept payment directly from the bad check writer, I will report payment within 24 hours. I understand that if payments directly to my business seem excessive, I may be assessed \$30 for each check for which I accept payment.

By this acknowledgement, when I forward a check to the Check Diversion Program, I am foregoing my right to personally recover any service charges or civil penalties. These service charges or penalties, if any, will be collected through the Check Diversion Program. I also understand that I am gifting the \$30.00 NSF fee allowed by state statute to the Check Diversion Program.

I am aware, and fully understand that this program was established by the St. Croix County District Attorney and the St. Croix County District Attorney's Office is held harmless and has no liability for the inability to make recovery of any check(s).

I also understand that the St. Croix County Sheriff's Office, Police Departments and District Attorney's office may pursue any and all legal criminal remedies for recovery of check(s) available to their offices.

I agree that in the event of a disputed check, a process for arbitration will be used to resolve the claims. I also agree to accept and abide by the decision of the mediator's judgment and make settlement of any fees, if found liable as a due course of arbitration. CDP may mediate my claims in good faith and be held harmless for any activities taken on my behalf.

I have received the copies of the restitution forms and guidelines for submitting checks to this program that I must complete. I recognize that a request for complaint form must be completed for each batch of checks being submitted.

As a merchant, I will ensure that I communicate to all my employees the proper check cashing/acceptance procedures, and display our check cashing policy and Wisconsin state law regarding check penalties as required by this program.

I understand that with out proper photo identification such as a drivers license or state identification card recorded or verified during the transaction there may be limitations in pursuing the worthless check writer.

Signature of Company Representative

Title

Date

Please type or print the following information

Business Name _____

Address _____

City/State/Zip _____

Contact Name _____ Telephone number _____

Email Address: _____

PRELIMINARY WORTHLESS CHECK REPORT AND REQUEST FOR COMPLAINT

Mail to: St. Croix County Check Diversion Program
P.O. Box 190
Hager City, WI 54014-0190

MASTER FILE NUMBER (FCS Complete)	CASE NUMBER (FCS/Police Complete)	COURT FILE NUMBER (FCS/Police Complete)
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BELOW TO BE COMPLETED BY PERSON WHO ACCEPTED THE CHECK (Please fill out form as completely as you can)

VICTIM OR FIRM NAME	ADDRESS	BANK HANDLING FEE
PERSON FILING COMPLAINT	CITY, STATE, ZIP CODE	BUSINESS PHONE ()
	E-MAIL ADDRESS	BUSINESS FAX ()

**CAN ACCEPTOR ID CHECK WRITER THROUGH PHOTO LINE UP OR IN PERSON
(CIRCLE ONE)**

YES NO

(if yes is circled attach the single check with this form, if NO circled attach as many checks as you would like)

WITNESS PHONE # ADDRESS DOB Fill in the above information if you have circled YES above	ADDITIONAL WITNESS PHONE # ADDRESS DOB Fill in the above information if you have circled YES above
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DO YOU HAVE VIDEO OR RECORDING CUSTOMER AND IS IT AVAILABLE: YES ___ No ___	If yes please make still images and attach to form	
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PHONE CALLS/DATE: _____

COMMENTS

The check(s) in question is (are) submitted for criminal prosecution. By submitting this check(s) for prosecution, I agree NOT to accept restitution from the suspect or his/her agent. I certify that this report is true, accurate and complete to the best of my knowledge.

DATE: _____
Victim Signature and Title
Company