



Hill County Attorney's Office Bad Check Program Bad Check Affidavit

Hill County Attorney

Mail Affidavit to: Hill Co. Attorney BCP, Hill Co. Courthouse, Havre, MT 59501
After filing Affidavit, refer check writers to: 406-265-5481, ext. 211

PLEASE PRINT ALL INFORMATION IN INK & SIGN BEFORE A NOTARY ON REVERSE SIDE

To determine whether your Affidavit may be accepted as a criminal matter, answer the following questions: (Yes/No)

- | | |
|---|---|
| 1. Was check post-dated at time of acceptance? ___ | 4. Were you asked to hold or delay depositing check? ___ |
| 2. Was check received in the mail? ___ | 5. Have you accepted any payment for this check? ___ |
| 3. Does this matter involved a two-party check? ___ | 6. Did you know there was insufficient funds when you took check? ___ |

A "Yes" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for the Bad Check Program. It should be dealt with through small claims court or turned over for private collection; do not proceed with filing an Affidavit. If all questions were answered "No", you may file a Bad Check Affidavit by completing the front and back side of this form.

1	Check writer's full name as written on check						
	Address(s)						
	City, State Zip			Home Phone #		Other Phone #	
	SS#	Sex	Date of Birth		Hair	Eyes Weight Height	
	Driver's License #			State Issued By:		Other ID #	
SUSPECT	Employer (if known)				Business Phone:		
	Business Address:						
	How did you obtain the check writer's identification? <input type="checkbox"/> D/L <input type="checkbox"/> Military ID <input type="checkbox"/> Other ID _____			Was the check handed to you by someone other than check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Address:			
2	Check#	Date Rec'd	Amount	What was check for?	Who can ID check writer (i.e. accepted check)?		
Checks	List Additional Checks on Another Form and Attach						
	What did you write on the check at time you received it? <input type="checkbox"/> D/L# <input type="checkbox"/> Check-Cashing Card # <input type="checkbox"/> Your initials <input type="checkbox"/> Other _____						
Has the check writer been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how? <input type="checkbox"/> Certified Mail (attach receipts) <input type="checkbox"/> Phone <input type="checkbox"/> Other _____							
3	Victim / Business Name				Phone #		
	Address				Alt. Phone #		
	City, State Zip				Name of Person Filing		
IMPORTANT: FOLLOW REQUIREMENTS ON THE REVERSE SIDE OF THE FORM							

1. PRIOR TO FILING A BAD CHECK AFFIDAVIT:

- A. Was a "Courtesy Notice" sent to the check writer via U.S.Certified Mail (return receipt and restricted delivery requested),allowing a 5 days grace period to pay off the check(s)? See Sample notice →
Yes No if not, why not? _____

- B. Was photo identification (i.e. D/L, state ID, check cashing card, etc.) recorded at the time the check was passed?
Yes No if not, why not? _____

- C. Have you filed this check(s) with a debt collection agency or other debt collector? Yes No

2. FILING THE AFFIDAVIT FORM:

Victims of bad checks may file a Bad Check Affidavit with the Hill County Attorney Bad Check Program, provided there is sufficient information, and that the case meets all eligibility guidelines. The County Attorney's Office will seek full restitution for victims wherever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no collection guarantees. "Restitution" refers to the face value of all checks listed in the complaint, along with all reasonable "returned item" charges assessed by the bank (A copy of the bank NSF charge must be included.)

- A. **FILL OUT FORM COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "COURTESY NOTICE", "RETURN ITEM" NOTICES FROM THE BANK (WITH FEES). COPY ALL INFORMATION FOR YOUR RECORDS.**
- B. Mail this form directly to Hill County Attorney Bad Check Program. Address listed here. → → → → →
- C. Once an Affidavit has been filed: **ALL restitution must be collected by the Bad Check Program.** Should the check writer contact you to make payment, direct him/her to the Bad Check Program. →

3. AFTER FILING:

- A. If you do not receive restitution, within 60 days contact the Hill County Attorney Bad Check Program.
- B. If restitution is not received from the check writer, your Affidavit will be evaluated for criminal prosecution.
- C. **IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason, the Affidavit is not prosecutable, the check(s) will be returned at your request for civil collection purposes.

I understand that I must NOT accept restitution from the check writer after filing this Affidavit with the Bad Check Program. Initial here. _____
I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION IN THIS COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE.

SAMPLE "COURTESY NOTICE"

Date _____
Dear Check Writer:

You are hereby notified that a check numbered ____ in the face amount of \$____, issued by you on _____ drawn upon _____ Bank, and payable to _____, has been dishonored. Pursuant to Montana law, you have 5 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$____, total amount due being \$_____.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the Hill County Attorney for criminal prosecution.

Closing,
Your Name

MAIL ALL CORRESPONDENCE TO:

**Hill County Attorney
Bad Check Program
Hill County Courthouse
Havre, Montana 59501**

**After filing this Affidavit, refer
all check writers to Hill County
Attorney's Office at 406-265-
5481, ext.211**

Signature of Person Filing

Print Name

Date Filed