



JORDAN POLICE DEPARTMENT

Brett Empey - Chief of Police



Dear Jordan Bank or Merchant:

Each year we receive several forged or closed account checks. Almost all of these checks could be avoided and/or prosecuted if the cashier would take the time to check the driver's license of the individual of the person presenting the check. We spend countless hours trying to run down these checks, when it could be avoided by thirty seconds worth of time it takes to write the driver's license number of the individual on the top of the check.

Checks returned as NSF, Account Closed, and Refer to Maker should be sent to the Scott County Attorney's worthless check program. All forged checks should be referred to the Jordan Police Department. In either case, in order to prosecute the person presenting the check, the following criteria must be met:

1. The clerk / cashier identified the individual by driver's license.
2. The clerk or cashier gives a written statement with the check stating that they personally know the identity of the individual who presented the check. They should include how they know this individual in their written statement.

If there is a situation where a person has no identification, do not accept the check!!! If it is a situation such as the person has pumped fuel into their car or ate a meal, please call the police to come and identify the individual.

I have provided the Officers and staff of the Jordan Police Department with the above instructions. They have been told not to accept reports on bad checks when the above criteria have not been met.

If you should have any questions about this policy, please do not hesitate to call me.

Sincerely,

Brett Empey
Chief of Police
City of Jordan





JORDAN POLICE DEPARTMENT

Brett Empey - Chief of Police

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****POLICE ALERT****

Please Note...

CHECK FRAUD cost businesses billions of dollars in losses. It also costs millions to investigate and prosecute these cases. These losses are then passed on to you, the consumer and taxpayer.

Please do not feel offended when the cashier asks you for IDENTIFICATION.

IT IS FOR YOUR OWN PROTECTION!!!





OFFICE OF THE
SCOTT COUNTY ATTORNEY

GOVERNMENT CENTER JC340 • 200 FOURTH AVENUE WEST • SHAKOPEE, MN 55379-1220
Main Number: (952) 496-8240 • Fax: (952) 496-8775 • www.co.scott.mn.us
Civil Division: (952) 496-8656 • Civil Fax: (952) 496-8607 • TTY/TDD: 952-496-8170

RON HOCEVAR
County Attorney

Sarah Wendorf
Chief Deputy

Michael Groh
First Assistant

CRIMINAL/JUVENILE
Debra Lund-Div. Head

CIVIL
Jeanne Andersen-Div. Head

APPELLATE
Todd Zettler-Div. Head

VICTIM/WITNESS COORDINATOR
Tera Portinga

OFFICE MANAGER
Lori Lambrecht

Dear Merchant:

Thank you for inquiring into the Scott County Attorney's Office Worthless Check Program. We look forward to your participation. This informational packet contains a Merchant Referral form, Notice and Demand Letter form, and an Affidavit of Service by Mail form.

The forms included are recommended standard forms. Please make additional copies as needed. The form entitled "Notice and Demand for Payment of Dishonored Check" is to be filled out by you regarding each worthless check you receive. Send the completed form to the individual who wrote the worthless check, not the Scott County Attorney's Office. The letter must be sent by certified mail-return receipt requested, or by regular mail supported by a notarized Affidavit of Service. Please retain copies of all correspondence and forms.

Upon sending the demand letter and receiving no reply within five days, send the following documents to the Scott County Attorney's Office Worthless Check Program, at the above address.

- * a copy of the demand letter/notice and demand for payment,
- * a copy of the affidavit of service or certified mail receipt including any envelopes returned back to you unclaimed,
- * the original check or legal copy of the check, and
- * the Merchant Referral Form.

Once you have submitted the completed documents to the program, you can no longer accept payment. If an individual comes to your establishment to make a payment, please refer them to contact Jill at the Scott County Attorney's Office Worthless Check Program.

In addition to these forms, before we can successfully prosecute a worthless check, we must have the driver's license number and date of birth for the individual who wrote the check. Please be sure to provide this information and follow the proper procedures, or we can't prosecute. Please also ask for a current address. If you/we cannot show that the person who wrote the check is the account holder, we cannot prosecute.

If you have any questions about the program, please call Jill at the Scott County Attorney's Office Worthless Check Program at (952) 496-8418.

Sincerely,

Ron Hocevar
Scott County Attorney

Scott County Attorney's Office

Worthless Check Program

*Provided by the office of
RON HOCEVAR, Scott
County Attorney.*

To participate in the Worthless Check Program, please call 952-496-8240 and request a packet or visit

<http://www.scottcountymn.gov/1454/Worthless-Check-Program> and download the applicable forms.

If downloading the forms off the website, please print out and complete the following:

[Initial Packet](#)

[Affidavit of Service by Mail](#)

[Notice and Demand](#)

[New Merchant Referral Form](#)

[Check Acceptance Guidelines](#)

[Worthless Check Program Brochure](#)

[Worthless Check Sign](#)



Scott County Attorney's Office
200 4th Avenue West, JC340
Shakopee, MN 55379-1220
Phone: 952.496.8240
Fax: 952.496.8775
E-mail: attorney@co.scott.mn.us

The Worthless Check Program was established in 1989 by the Scott County Attorney's Office. The program offers businesses operating in Scott County the ability to prosecute and recover thousands of dollars from individuals who write worthless checks as payment of goods and services.



In order to be eligible to participate in the Worthless Check Program, you must be a legally operating business in Scott County and have received a check flagged by the bank as "NSF", "Account Closed" or "Refer to Maker". The check must have been provided to you as payment for goods and/or services.

When accepting checks as payment, please following the Check Acceptance Guidelines to make sure all necessary information is obtained. Please visit <http://www.scottcountymn.gov/1492/Worthless-Check-Program-documents> to view the suggested guidelines.

Ineligible Checks include the following:

- Checks under the amount of \$20.00
- Checks in excess of \$2,000.00 (checks totaling more than \$2,000.00 are referred for criminal prosecution)
- Stop-payment checks
- Starter checks
- Second-party checks
- Post-dated checks
- Rent payment checks
- Payroll checks
- Checks deemed fraudulent
- Checks given for past consideration
- Checks involved in Bankruptcy proceedings

Merchant Referral Form

FULL NAME OF OFFENDER _____

CURRENT ADDRESS _____

CURRENT PHONE (H) _____ (W) _____

DRIVERS LICENSE NUMBER _____ DOB _____

ADDITIONAL INFO _____

CAN ACCEPTOR ID CHECK WRITER THROUGH PHOTO LINE UP OR IN PERSON? (PLEASE CHECK YES OR NO) <input type="checkbox"/> YES <input type="checkbox"/> NO (ATTACH ALL CHECKS TO THIS FORM)	
NAME OF CHECK ACCEPTOR PHONE NUMBER ADDRESS DOB	NAME OF ADDITIONAL WITNESS PHONE NUMBER ADDRESS DOB
DO YOU HAVE VIDEO RECORDING CUSTOMER? <input type="checkbox"/> YES (if available, please make still images and attach to form) <input type="checkbox"/> NO	SUSPECT COMPARED WITH DRIVERS LICENSE OR ID? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

MERCHANT/BUSINESS NAME _____

ADDRESS _____

PERSON FILING COMPLAINT _____

EMAIL ADDRESS _____

BUSINESS PHONE _____ FAX _____

SHOULD RESTITUTION CHECK BE MADE OUT TO "MERCHANT/BUSINESS NAME" LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, TO WHOM) _____

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

Date _____ Signature _____

NOTICE AND DEMAND FOR PAYMENT OF DISHONORED CHECK

TO: _____

You are hereby notified that a check dated _____ number _____
drawn on (bank name) _____ made payable to _____
in the amount of \$ _____ has been returned unpaid with the notation
that payment has been refused because of _____.

Dated: _____

Signed: _____

Please remit full payment by money order or cashier's check only, to:

Your attention is called to the laws of this state with reference to checks, specifically Minn. Stat. § 609.535, relating to the crime of Issuance of a Dishonored Check, and § 604.113, relating to civil liability for issuance of worthless checks.

Minn. Stat. § 609.535 provides that issuance of a dishonored check is punishable by imprisonment not to exceed one year and a fine not to exceed \$3,000, or both, if the value of the worthless check is more than \$250. If the value of the worthless check is less than \$250, the maximum penalty is 90 days, \$1,000 fine, or both. State law allows aggregation of offenses within a six month period.

Minn. Stat. § 604.113 provides that a dishonored check writer is liable to the holder of the check in a conciliation court or other civil proceeding, in the county where the check was issued, for the amount of the check, plus a civil penalty of up to \$100 or up to 100 per cent of the value of the check, plus interest, and reasonable attorney's fees if the amount of the check or checks is over \$1,250. A service charge of \$30 may also be imposed immediately on any dishonored check.

Demand is hereby made for the payment of the above-mentioned check in accordance with the law.

You are hereby notified that if the check is not paid in full within five (5) business days after the mailing of this notice, the bank upon which the check was drawn will be authorized by law to release information relating to your account to the holder of the check and to law enforcement or prosecution authorities.

Unless this check is paid in full within five (5) business days after the mailing of this notice, this matter will be referred to the Scott County Attorney's Office for prosecution according to law, whereby the County Attorney will demand restitution for the above-mentioned check as well as any and all fees as a condition of probation.

AFFIDAVIT OF SERVICE BY MAIL

_____, being first duly sworn, deposes and
(person serving)
says that on _____ s/he served the attached Demand for
(date)
Payment of Dishonored Check form upon _____, by
(person being served)
placing a true and correct copy thereof in an envelope addressed as follows:

Which is the last address of said individual (address printed on the check), and
depositing the same, with postage prepaid, in the United States mail at

(city)

(Signature)

Subscribed and sworn to before me

this _____ day of _____, 20__.

Notary Public