



BAD CHECK RESTITUTION FORM

If you have received a bad check, you are entitled to reimbursement for pecuniary damages from the defendant check writer, if he/she is convicted of the crime. This reimbursement is called restitution. Only actual monetary losses for which are NOT covered by insurance can be collected for restitution. Your normal fees for returned or bad checks **CANNOT** be collected as part of restitution.

Victim/Business Name: _____

Address: _____

Phone Number: _____

Name of Check Writer: _____

SSN of Check Writer: _____

1. Describe and itemize in detail, each loss or damage directly incurred (attach additional pages if needed): _____

2. Your insurance company (if any): _____
3. Your insurance deductible (if any): _____
4. Amounts you have received from your insurance: _____
5. Amounts you have received from the check writer: _____
6. Other comments: _____

PLEASE INCLUDE ANY DOCUMENTATION OR COPIES OF RECEIPTS TO SUPPORT YOUR CLAIM.

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, 20_____.

Authorized Signature

BAD CHECK QUESTIONNAIRE

THIS FORM MUST BE FILLED OUT COMPLETELY FOR EACH BAD CHECK WHICH YOU ARE SUBMITTING FOR PROSECUTION.

VICTIM INFORMATION

Business/Victim Name: _____

Address: _____

Phone Number(s): _____

Name/Address of Person Completing Form: _____

Name/Address of Person Who Accepted Check: _____

Where Check was Passed: _____

Date Check was Passed: _____

Witnesses to the Cashing: _____

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Is there a film or video tape of the transaction? YES NO

CHECK INFORMATION

Check No.: _____ Date/Check: _____

Amount/Check: _____ Account No.: _____

Financial Institution: _____

What was Check passed/given for? _____
(Specify merchandise, services, cash, etc.)

Value of merchandise, services, cash, etc. given for the check: _____

The check was not paid because:

_____ Insufficient funds

_____ Account Closed (Date closed: _____)

_____ No Account

If the check was written on a closed account:

Who closed the account: _____

Date Account was Closed: _____

Date(s) the check was presented to the bank for payment:

(1) _____ (2) _____ (3) _____

Ten-day notice: _____ Accepted _____ Refused _____ Unclaimed _____ Sheriff Service

Date the ten-day notice was delivered if accepted: _____

List other contacts with the check writer: (Specify date of contact, who made the contact, nature of contact, and was what was discussed. Attach additional pages if necessary)

- (1) _____
(2) _____
(3) _____

DEFENDANT INFORMATION

Defendant's Name: _____
Address: _____

Phone Number(s): _____

Date of Birth: _____
SSN: _____
License/I.D. No.: _____

Was photo I.D. Shown: YES NO

What kind of Identification? _____

Did information on the I.D. match the information printed on check? YES NO
Did photo I.D. match the physical appearance of the check writer? YES NO
Are you sure of the identity of the person who passed the check? YES NO
Does the cashier know the check writer? YES NO
Have you attached: Original check Demand letter Receipt return

CERTIFICATE AND SIGNATURE

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, 20_____.

Signature

SAMPLE TEN DAY NOTICE

Name and address of check writer here: John A. Doe
1234 Any Drive
Anywhere, IA

Your check # 1234 in the amount of \$ 56.78 and dated 09/10/2019
Your check # 5678 in the amount of \$ 9.10 and dated 09/12/2019
Your check # _____ in the amount of \$ _____ and dated _____

Your check # _____ in the amount of \$ _____ and dated _____

written by you on an account with ABC Banking Institute, Hometown, IA was
returned to us unpaid due to insufficient funds or closed account (one).

This is a notice pursuant to '714.1(6) of the Iowa Criminal Code that you have ten (10) day from
your receipt of this letter to pay the amount of these checks or legal action may be taken.

(Signature)

**THE LAW
CODE OF IOWA - '714.1(6)**

A person commits theft when the person...

Makes, utters, draws, delivers, or gives any check, share draft, or written order on any bank, credit union, person, or corporation, and obtains property or service in exchange therefor, if the person knows that such check, share draft, draft or written order will not be paid when presented.

Whenever the drawee of such instrument has refused payment because of insufficient funds, and the maker has not paid the holder of the instrument the amount due thereon within ten days of the maker's receipt of notice from the holder that payment has been refused by the drawee, the court or jury may infer from such facts that the maker knew that the instrument would not be paid on presentation. Notice of refusal of payment shall be by certified mail, or by personal service in the manner prescribed for serving original notices.

Whenever the drawee of such instrument has refused payment because the maker has no account with the drawee, the court or jury may infer from such fact that the maker knew that the instrument would not be paid on presentation.

NOTE: Use this form if you have received more than one bad check from the same account and from the same check writer.

TEN DAY NOTICE –
Multiple checks same account and writer

Name and address of check writer here:

Your check # _____ in the amount of \$ _____ and dated _____
Your check # _____ in the amount of \$ _____ and dated _____
Your check # _____ in the amount of \$ _____ and dated _____
Your check # _____ in the amount of \$ _____ and dated _____

written by you on an account with _____
was returned to us unpaid due to _____

This is a notice pursuant to '714.1(6) of the Iowa Criminal Code that you have ten (10) days from your receipt of this letter to pay the amount of these checks or legal action may be taken.

(Signature)

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NOTE: Use this form if you have received more than one bad check from the same account and from the same check writer.

TEN DAY NOTICE –
Single check

Name and address of check writer here:

Your check # _____ in the amount of \$ _____ and dated _____
written by you on an account with _____
was returned to us unpaid due to _____

This is a notice pursuant to '714.1(6) of the Iowa Criminal Code that you have ten (10) days from your receipt of this letter to pay the amount of these checks or legal action may be taken.

(Signature)

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NOTE: Use this form if there is one bad check.