

**BAD CHECK COMPLAINT FORM**  
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**RANDOLPH COUNTY STATE'S ATTORNEY**

**TO FILE COMPLAINT FORM, MAIL TO:** RANDOLPH COUNTY STATE'S ATTORNEY OFFICE  
RANDOLPH COUNTY COURTHOUSE  
ONE TAYLOR ST.  
CHESTER, IL 62233

**DATE RECEIVED:** \_\_\_\_\_

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**PLEASE PRINT IN INK OR TYPE ALL INFORMATION AND SIGN**  
**TO DETERMINE IF YOUR COMPLAINT CAN BE ACCEPTED AS A CRIMINAL MATTER,**  
**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING YES OR NO:**

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| 1. WAS THE CHECK POST-DATED AT THE TIME OF ACCEPTANCE?   | YES | NO |
| 2. WAS THE CHECK RECEIVED IN THE MAIL?                   | YES | NO |
| 3. WERE YOU ASKED TO HOLD OR DELAY DEPOSITING THE CHECK? | YES | NO |
| 4. DOES THIS MATTER INVOLVE A TWO-PARTY CHECK?           | YES | NO |
| 5. IS THERE A STOP PAYMENT ORDER ON THE CHECK?           | YES | NO |

A **"YES"** ANSWER TO ANY OF THE ABOVE QUESTIONS INDICATES THIS IS A CIVIL MATTER AND THEREFORE INELIGIBLE FOR THE BAD CHECK RESTITUTION PROGRAM. IT SHOULD BE DEALT WITH THROUGH SMALL CLAIMS OR TURNED OVER FOR PRIVATE COLLECTION. **DO NOT PROCEED WITH FILING A COMPLAINT.**

IF ALL QUESTIONS WERE ANSWERED **"NO"**, YOU MAY FILE THE COMPLAINT BY COMPLETING THE ENCLOSED FORM.

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**1. PRIOR TO FILING A BAD CHECK COMPLAINT:**

- A.** WAS THE CHECK PRESENTED TO THE BANK AT LEAST TWICE IF RETURNED MARKED NSF AND ONCE IF MARKED ACCT. CLOSED? **YES OR NO**
- B.** HAVE YOU CONTACTED OR ATTEMPTED TO CONTACT THE PARTY ABOUT THIS CHECK? **YES OR NO**
- C.** IS THE EMPLOYEE WHO ACCEPTED THE CHECK STILL EMPLOYED? **YES OR NO**
- D.** CAN THE EMPLOYEE BE LOCATED IF NECESSARY? **YES OR NO**
- E.** WILL THE EMPLOYEE BE ABLE TO IDENTIFY THE PERSON WHO PRESENTED THE CHECK IN COURT IF NECESSARY? **YES OR NO**

**2. FILING THE COMPLAINT FORM:**

VICTIMS OF BAD CHECKS MAY FILE A COMPLAINT FORM WITH THE RANDOLPH COUNTY STATE’S ATTORNEY’S BAD CHECK RESTITUTION PROGRAM PROVIDED THERE IS SUFFICIENT INFORMATION AND THE CASE MEETS ALL ELIGIBILITY GUIDELINES. THE STATE’S ATTORNEY’S OFFICE WILL SEEK FULL RESTITUTION FOR VICTIMS WHENEVER POSSIBLE. HOWEVER, PLEASE KEEP IN MIND THAT THIS IS A PROSECUTING AGENCY AND THEREFORE MAKES NO GUARANTEES ON COLLECTIONS. “RESTITUTION” REFERS TO THE FACE VALUE OF ALL CHECKS LISTED IN THE COMPLAINT.

**A. FILL OUT THE FORM COMPLETELY.**

- I.** ATTACH ORIGINALS OF ALL CHECKS AND ALL SUPPORTING DOCUMENTS SUCH AS CERTIFIED MAIL RETURNS RECEIPTS OR UNDELIVERED LETTERS AND RETURN NOTICE FROM THE BANK. **(COPY ALL INFORMATION FOR YOUR RECORDS)**
- II.** MAIL THE FORM DIRECTLY TO THE RANDOLPH COUNTY STATE’S ATTORNEY’S OFFICE AT THE ADDRESS LISTED AT THE BEGINNING OF THE FORM.
- III.** ONCE THE COMPLAINT HAS BEEN FILED, ALL RESTITUTION PAYMENTS MUST BE COLLECTED BY THE STATE’S ATTORNEY. SHOULD THE CHECK WRITER CONTACT YOU TO MAKE PAYMENT, DIRECT THEM TO THE STATE’S ATTORNEY’S OFFICE.
- IV.** IF RESTITUTION IS NOT RECEIVED FROM THE CHECK WRITER, YOUR COMPLAINT WILL BE EVALUATED FOR CRIMINAL PROSECUTION.
- V.** IF PROSECUTABLE, THIS OFFICE WILL RETAIN ALL CHECKS AS A MATTER OF RECORD. IF FOR SOME REASON THE COMPLAINT IS NOT PROSECUTABLE, THE CHECK(S) WILL BE RETURNED TO YOU FOR CIVIL COLLECTION

**B. THE OFFENDER (WRITER):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**DRIVER’S LICENSE\*\*:** \_\_\_\_\_

**DATE OF BIRTH\*\*:** \_\_\_\_\_

**(\*\*THERE MUST BE A DRIVER’S LICENSE NUMBER, ILLINOIS ID NUMBER OR DATE OF BIRTH ON THE CHECK FOR THIS OFFICE TO BE ABLE TO PROSECUTE.)**

**C. THE COMPLAINING PARTY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO ACCEPTED THE CHECK: \_\_\_\_\_

**(WE MUST HAVE THE EMPLOYEE'S NAME IN ORDER TO PROSECUTE)**

**D. THE CHECK:**

CHECK NUMBER: \_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

MADE PAYABLE TO: \_\_\_\_\_

DATE OF CHECK: \_\_\_\_\_

REASON THE BANK REFUSED THE CHECK **(CIRCLE ONE)**:

**INSUFFICIENT FUND    ACCOUNT CLOSED    OTHER**

WHAT WAS OBTAINED WITH THE CHECK **(CIRCLE ONE)**:

**GENERAL MERCHANDISE    MEDICAL SERVICE    CASH RENTAL SERVICE    OTHER**

I HAVE READ ALL FILING INSTRUCTIONS AND HEREBY, **UNDER PENALTY OF PREJUDICE**, CERTIFY THAT ALL INFORMATION IN THIS COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_