



## OFFICE OF THE DISTRICT ATTORNEY

JOHN K. BRAMLETT, JR.  
DISTRICT ATTORNEY

TWENTIETH JUDICIAL DISTRICT  
RANKIN, MADISON COUNTIES

Dear Merchant:

My name is **John K. "Bubba" Bramlett, Jr.** and I am your District Attorney for Madison and Rankin Counties. One of the functions of my office is to assist you, the merchant, with the collection of bad checks. This is a FREE service we offer to merchants in both Madison and Rankin Counties, and since July 1988, our Bad Check Unit has collected and returned over **13 million dollars** to merchants in both counties.

I have enclosed for your review various materials outlining the procedures for collection of bad checks. Included is a sample copy of the required 15-Day Notice Letter, a Bad Check Complaint and Affidavit of Service by Mail form, a pamphlet entitled How to Process a Bad Check Through the District Attorney's Office, and a bright red sign to post in your place of business, at your register, etc. (Additional supplies are available upon request.)

The Madison-Rankin Counties Bad Check Unit is managed by Susan Penn, who processes bad checks for both counties out of the Rankin County Office; however, complaints may be obtained and submitted in our Canton office, as well. Contact information for both counties is as follows:

**MADISON COUNTY OFFICE**

3390 NORTH LIBERTY STREET, STE B  
CANTON, MS 39046  
PH: 601-859-2085

**RANKIN COUNTY OFFICE**

215 E GOVERNMENT STREET, STE 160  
BRANDON, MS 39042  
PH: 601-825-9367

**MAILING ADDRESS**

MADISON-RANKIN BAD CHECK UNIT  
POST OFFICE BOX 1373  
BRANDON, MS 39043

For your convenience, you may mail in your complaint forms. Please make certain that all forms are completed, notarized. Attach the bank-certified copy of the bad check to the complaint form. Madison County merchants may mail their complaints to the Rankin County office at the above mailing address for speedier processing of your bad checks.

Thank you for allowing us to assist you in collecting your bad checks. We look forward to working with you, and should you have any questions whatsoever, please contact us.

Sincerely,

John K. "Bubba" Bramlett, Jr., District Attorney

# ATTENTION MERCHANTS

Please make a copy of your 15-day notice letter that you mail to the check writer, A copy will now be required before we can process your Bad Check Cases. Thank you for your prompt attention to this matter.

# 15-DAY NOTICE LETTER

*MS CODE ANN. 97-19-57*

***PURSUANT TO MS CODE ANN. 97-19-57, THE DISTRICT ATTORNEY MAY NOT ACCEPT A COMPLAINT ON A BAD CHECK UNLESS AND UNTIL THE COMPLAINANT FURNISHES PROOF THAT HE HAS COMPLIED WITH THE NOTICE PROVISION CONTAINED THEREIN, IN ORDER TO COMPLY, THE NOTICE MUST BE SENT BY REGULAR MAIL TO THE MAKER OR DRAWER OF THE DISHONORED INSTRUMENT. IT IS RECOMMENDED THAT NOTICE OF DISHONOR BE IN SUBSTANTIALLY THE FOLLOWING FORM.***

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TO: \_\_\_\_\_  
(NAME)

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

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

THIS STATUTORY NOTICE IS PROVIDED PURSUANT TO SECTION 97-19-57 OF THE MISSISSIPPI CODE OF 1972. YOU ARE HERBY NOTIFIED THAT A CHECK, DRAFT, OR ORDER NUMBERED \_\_\_\_\_ (CHECK #), ISSUED BY YOU ON \_\_\_\_\_ (DATE), DRAWN UPON \_\_\_\_\_ (NAME OF BANK), HAS BEEN DISHONORED. PURSUANT TO MISSISSIPPI LAW, **YOU HAVE FIFTEEN (15) DAYS FROM DATE OF THIS NOTICE TO TENDER PAYMENT OF THE FULL AMOUNT OF SUCH CHECK, DRAFT, OR ORDER, PLUS A SERVICE CHARGE OF FORTY (\$40.00) DOLLARS.** THE TOTAL AMOUNT DUE BEING \$\_\_\_\_\_.

UNLESS THIS AMOUNT IS PAID IN FULL WITHIN FIFTEEN (15) DAYS, THE LAW PROVIDES THAT I MAY ASSUME THAT YOU DELIVERED THE INSTRUMENT WITH INTENT TO DEFRAUD. I MAY THEN TURN OVER THE DISHONORED INSTRUMENT TO THE DISTRICT ATTORNEY FOR CRIMINAL PROSECUTION.

IN ORDER TO RESOLVE THIS MATTER WITHOUT FURTHER ACTION, YOU SHOULD CONTACT ME AS FOLLOWS:

\_\_\_\_\_  
(NAME OF MERCHANT or INDIVIDUAL)

\_\_\_\_\_  
(STREET/MAILING ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(SIGNATURE)

**OFFICE OF THE MADISON-RANKIN COUNTY DISTRICT ATTORNEY**  
**BAD CHECK COMPLAINT FORM AND AFFIDAVIT OF SERVICE BY MAIL**  
*(A COMPLAINT FORM MUST BE FILLED OUT FOR EACH CHECK AS A SEPARATE CRIME)*

**(CHECK WRITER'S INFORMATION)**

SIGNER'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

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

EMPLOYMENT: \_\_\_\_\_ EMP#: \_\_\_\_\_

D.L. #: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CHECK COMPLAINT INFORMATION**

DATE CHECK PRESENTED: \_\_\_\_\_ FACE AMOUNT OF CHECK: \$ \_\_\_\_\_

WHO ACCEPTED CHECK: \_\_\_\_\_ WAS ID PRESENTED: YES \_\_\_ OR NO \_\_\_

CAN HE OR SHE MAKE A POSITIVE ID OF THE CHECK WRITER: YES \_\_\_ OR NO \_\_\_

WAS CHECK RECEIVED IN **MADISON** COUNTY: \_\_\_\_\_ OR **RANKIN** COUNTY: \_\_\_\_\_ (CHECK ONE)

WAS CHECK GIVEN AS PAYMENT FOR **MERCHANDISE**: \_\_\_\_\_ **SERVICE**: \_\_\_\_\_ **OTHER**: \_\_\_\_\_ (CHECK ONE)

IF OTHER, EXPLAIN: \_\_\_\_\_

HAS CHECK WRITER MADE ANY PAYMENT RELATED TO THIS CHECK: YES \_\_\_ OR NO \_\_\_ (CHECK ONE)

WAS CHECK GIVEN AS PAYMENT ON A PRE-EXISTING CHECK: YES \_\_\_ OR NO \_\_\_ (CHECK ONE)

IF YES, WHAT TYPE OF ACCOUNT: \_\_\_\_\_

HAS CHECK EVER BEEN TURNED OVER TO A COLLECTION AGENCY: YES \_\_\_ OR NO \_\_\_ (CHECK ONE)

WERE YOU ASKED TO HOLD CHECK BEFORE DEPOSITING: YES \_\_\_ OR NO \_\_\_ (CHECK ONE)

DID YOU ALLOW CHECK WRITER TO POSTDATE THE CHECK: YES \_\_\_ OR NO \_\_\_ (CHECK ONE)

ADDITIONAL NOTES REGARDING CHECK TRANSACTION: \_\_\_\_\_

\*\*THE ORIGINAL BANK CERTIFIED CHECK MUST BE ATTACHED TO THIS COMPLAINT FORM.\*\*

**(COMPLAINANT/ VICTIM INFORMATION)**

NAME OF BUSINESS OR INDIVIDUAL: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ NAME OF CONTACT PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**AFFIDAVIT OF SERVICE BY MAIL INFORMATION (ACCOUNT CLOSED CHECKS DO NOT REQUIRE NOTICE)**

THE STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_,  
\_\_\_\_\_  
(PRINT CONTACT'S NAME) BEING FIRST DULY SWORN ON OATH, DEPOSES  
AND STATES THAT HE/SHE IS AT LEAST EIGHTEEN (18) YEARS OF AGE AND THAT ON \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_\_\_\_, HE/SHE SERVED A NOTICE OF DISHONOR BY MAIL TO THE ADDRESS AS  
SHOWN ABOVE, WITH SUFFICIENT FIRST CLASS POSTAGE ATTACHED.

\_\_\_\_\_  
(CONTACT'S SIGNATURE HERE)

SUBSCRIBED TO AND SWORN BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC or DEPUTY CLERK'S SIGNATURE)

**SEAL**

\_\_\_\_\_  
(MY COMMISSION EXPIRES)

**READ BELOW BEFORE SIGNING COMPLAINT**

*I CERTIFY THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I FURTHER CERTIFY THAT THIS CHECK IS NOT BROUGHT FOR THE COLLECTION OF A CIVIL DEBT AND I UNDERSTAND THAT ONCE THIS CHECK IS TURNED OVER FOR PROSECUTION, I MUST PAY A THIRTY (\$30.00) FEE IF I PERSONALLY COLLECT THIS CHECK. I UNDERSTAND THAT I HAVE NO FURTHER CONNECTION WITH THE COLLECTION OF THIS CHECK EXCEPT TO TESTIFY IN THE EVENT THE MATTER IS BROUGHT TO TRIAL. ANY PERSON WHO WRONGFULLY OR CURRUPTLY SWEARS OR AFFIRMS AN AFFIDAVIT MAY BE SUBJECT TO CRIMINAL CHARGES FOR THE OFFENSE OF PERJURY.*

COMPLAINANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (08/2022)

## HOW TO PROCESS A BAD CHECK THROUGH THE DISTRICT ATTORNEY'S OFFICE

### Checklist for Acceptance by the District Attorney

1. The transactions must have taken place in the Twentieth Judicial District, which is composed of Rankin and Madison Counties.
2. It is preferred that all checks be dated within 6 months of being submitted to us. Experience has shown that checks more than 6 months old are much more difficult to collect. However, the District Attorney's office will accept or reject checks on a case-by-case basis,
3. Our office can collect bad checks stamped **INSUFFICIENT FUNDS**, **ACCOUNT CLOSED**, or **NO ACCOUNT FOUND**.
4. The check writer must be 18 years of age on or before the check's date. While it is a crime for a juvenile to write a bad check, it must be handled in Youth Court, which is out of the District Attorney's jurisdiction.
5. The following checks **CANNOT BE ACCEPTED**:
  - a. Stop Payments- this usually indicated the existence of a civil dispute between the parties.
  - b. Uncollected Funds- You will seldom receive a check stamped "Uncollected Funds" which indicates dishonor by the bank.
  - c. Refer to Maker- This represents irregularity on the face of the check or endorsement, which the bank will not honor.
  - d. No Such Account- This usually indicates a counter check.
  - e. Postdated Checks
  - f. Checks written in pencil.
  - g. Checks on an Incorporated Account. These checks need to be pursued civilly through small claims court; however, if the corporation is found to be a sole proprietorship and the owner is the signer then an exception can be made. This is at the discretion of the Bad Check Unit.
  - h. Checks where credit has been extended to the check writer through the acceptance of partial payments, layaway items, etc. Checks for the final payment on layaway will be accepted.
  - i. Checks previously handled by another collection agency or facility.
  - j. NSF due to Hold on account.
  - k. Check where a partial payment has been made towards the check.

## Collection of Bad Checks by the District Attorney

1. The complainant (is the person or business that received the bad check) or their appointed contact person must first mail a 15-Day Notice Letter to the check writer at the address given on the face of the check(s). The check writer must be given **15 calendar days from date of your letter** to make the check good. See the enclosed approved form of the 15-Day Notice Letter. EXCEPTION: NO LETTER IS REQUIRED TO BE SENT ON "ACCOUNT CLOSED" CHECKS.
  2. Once the **15-Day Letter Notice Letter** requirement is met, you may file a complaint with the District Attorney's office. Along with the **SIGNED AND DATED** complaint form, you must provide our office with the original bank certified copy of the check along with a copy of the 15-Day Notice Letter. If your letter to the check writer is returned undelivered, please furnish the returned envelope also. There is **NO FEE** required from you for this office to collect your bad checks. See the enclosed **BAD CHECK COMPLAINT FORM AND AFFIDAVIT**.
  3. Upon receipt of the complaint, the Bad Check Unit shall determine the acceptability of the complaint and begin collection procedures.
  4. We will collect the face amount of the check plus a \$40.00 merchant fee. We cannot collect other merchant-imposed fees.
  5. The first week of each month, we mail restitution checks to merchants for checks collected in the previous month. Included in this amount is the \$40.00 (current merchant fee) merchant fee for each check collected.

### **WITHDRAWAL OF A BAD-CHECK**

1. Once a complaint is filed, it CANNOT be dismissed unless approved by the Bad Check Unit Director. Mississippi law further requires that the business establishment or individual withdrawing the complaint pay a Thirty-dollar (\$30.00) service charge for each complaint withdrawn. If you accept payment on a check after the filing of a complaint, the Thirty-dollar (\$30.00) fee must be paid. THIS IS NOT AN OFFICE POLICY BUT IS REQUIRED BY MISSISSIPPI STATE STATUTE (97-19-75).
2. From time to time, it will be necessary for the Unit Director to withdraw a complaint in connection with the discovery of a civil dispute, in such an instance, the Unit Director will advise the complainant as to the necessary course of action for withdrawal and other procedures.

### **WHEN ARREST WARRANTS ARE NECESSARY**

1. Merchants will be advised when signatures are needed for affidavits. These affidavits should be sworn before a Deputy Clerk in our office.
2. Once affidavits for arrest are signed and arrest warrants are issued, they are referred to the Sheriff's office for service on the check writer. The District Attorney's office does not have the lawful authority to serve warrants.

## **Tips to Avoiding Bad Checks**

### 1, Avoid Counter Checks-

A percentage of counter checks are forgeries and/or contain inaccurate information concerning the check writer, develop strict policies in the refusal of counter checks, or at least be sure to obtain picture ID, Driver License or Social Security Number, D.O.B. and other descriptive information.

### 2. Avoid Two Party Checks-

Cashing payroll checks may be helpful to your regular customers, but accepting endorsements only subjects you to unnecessary risk. Accepting checks increases your risk of receiving a bad check.

### 3. Avoid Checks Where Signature Does Not Match Account Style-

Obviously, you become a target for forgery in accepting these checks. Be sure to advise your employees to refuse, or at least adequately inquire of the presenter the reason such differences exist.

### 4. Avoid Out-of-State Checks-

These checks are usually difficult to collect.

### 5. Establish an In-House "Alarm System"

A large percentage of checks written by the same check writer to the same merchant will be presented daily over a 3–4-day span before the merchant realizes the checks are dishonored. Develop a policy or plan to make your employees aware of this. It is always best to refuse a check when it is presented by a check writer who has outstanding checks with your establishment.

## **To Minimize Your Losses on Bad Checks, Always Obtain:**

1. Picture I.D.
2. The driver's license number of the check writer.
3. The date of birth of the check writer.
4. The current address and telephone number of the check writer (it is best to get both a work and home phone).
5. The sex and race of the check writer.
6. A current credit card number issued in the name of the check writer,
7. The name of person accepting the check. This may become essential in cases that go to trial in order to establish identification of the check writer and other prosecuting evidence.