



# SPARTA POLICE DEPARTMENT

Emilee Nottestad  
Chief of Police

711 Pine St.  
Sparta, WI 54656  
Tel. 608-269-3122  
Fax. 608-269-2156  
[www.spartawisconsin.org](http://www.spartawisconsin.org)

## Worthless Check Information Sheet

1. All merchants must forward to the Sparta Police Department the following:
  - a. The original check(s), not a photocopy
  - b. Copy of the notice letter sent to check writer
  - c. This form. **All questions must be answered.**
  - d. A certified mail receipt
2. No payments are allowed to be taken at your place of business after the checks have been turned into the Sparta Police Department.
3. Please complete the following questions:

Yes ☐ No ☐ Was the check returned for any reason other than **NSF or Account Closed?** If it's indicated **No Account**, please contact the financial institution to see if an account existed. If an account never existed, please contact our office before sending any forms.

Yes ☐ No ☐ Was the check presented to you at a different time than the services/goods received?

Yes ☐ No ☐ Was there a stop payment?

Yes ☐ No ☐ Was there an agreement to hold the check or was the check postdated?

Yes ☐ No ☐ Was the check for an account or a loan (received any amount of time to pay)?

Yes ☐ No ☐ Was the check for partial payment or did you receive partial payment on the check?

Yes ☐ No ☐ If the check was issued to a motel, was payment not made at time of the stay at the motel?

Yes ☐ No ☐ Was the check a two party check?

If you answered yes to one or more of the above questions, the Sparta Police Department cannot handle the check. You will have to proceed civilly. If you have any questions, please contact this office.

If you have more than one check signed by the same person, please fill out an additional check attachment sheet.

*Committed to Excellence*



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## Worthless Check Information Sheet (continued)

1. Name of complainant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address where the check was issued: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_
2. Name of Person who issued the check: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Name of Person accepting the check (only list the name of the person who actually accepted the check): \_\_\_\_\_  
Was the check signed in the presence of the person accepting the check: Yes ☐ No ☐
4. Check #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Check Amount: \$ \_\_\_\_\_
5. Name of Bank the check was drawn on: \_\_\_\_\_  
Reason returned: ☐ NSF ☐ Accounted Closed ☐ Other: \_\_\_\_\_  
Number of times presented to bank: \_\_\_\_\_  
Total Amount of actual fees incurred (bank & certified mailing charges {you must provide documentation}): \$ \_\_\_\_\_
6. Identification used in cashing the check (D.L., Date of Birth, personally known, etc.) \_\_\_\_\_
7. What was purchased with the check: \_\_\_\_\_

It is understood and agreed that the check(s) here attached is/are being presented to the Sparta Police Department for criminal action, not for collection, and the complainant will cooperate in the prosecution of the crime herein and will not request the complaint be dismissed. If you are contacted by the issuer of the check, never advise them that criminal charges will be dropped. Refer them to our office. The facts are hereby certified as being true by the undersigned.

Date: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

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## **Worthless Check Information Sheet (continued)** **(Additional Checks Attachment)**

| Check # | Date Issued | \$ Amount | Fees Incurred |
|---------|-------------|-----------|---------------|
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SAMPLE LETTER

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear: \_\_\_\_\_

It has come to our attention that on \_\_\_\_\_ you presented check # \_\_\_\_\_.  
In the amount of \$\_\_\_\_\_ to this business. The \_\_\_\_\_ (name of financial institution) has returned  
this check to me because of: \_\_\_\_\_ (NSF, Closed Account, etc.). Please contact me within **five (5)**  
**days** from this letter, excluding holidays and weekends, to make payment for this check, plus  
expenses incurred by me of \$\_\_\_\_\_. There is also a charge of \$\_\_\_\_\_ to you for issuing this  
check.

This is the standard five-day notice requirement as stated in Wisconsin Statutes section  
943.24(3)(b) and (c). This section declares that the penalty for issuance of a worthless check in  
the State of Wisconsin is as follows:

1. For issuance of a worthless check less than \$2,500.00, a fine not to exceed  
\$10,000.00, imprisonment not to exceed 9 months, or both.
2. For issuance of a worthless check over \$2,500.00 or issuance within a fifteen-day  
period of checks totaling \$2,500.00 or more, a fine not to exceed \$10,000.00,  
imprisonment not to exceed three years and six months, or both.

In order to avoid being charged with issuance of a worthless check, we look forward to your prompt  
response to this request. If you do not contact me within the **five-day** time period, this check will  
be turned over to the **Sparta Police Department for prosecution.**

Very truly yours,

\_\_\_\_\_  
\_\_\_\_\_

**Business Waiver**  
(To be used with issuing of worthless check cases only)

Please review and return – Keep a copy for your records.

As a representative of \_\_\_\_\_, I understand that I will be informed of initial charges and final disposition of the worthless check case. I will also be supplied with restitution request information if it applies. I will be notified by subpoena of any court hearing in which my testimony is required.

By signing this waiver, I understand it is also my right to:

- a. Confer with the District Attorney assigned the case- **upon request.**
- b. Make a written or verbal impact statement at the time of sentencing.
- c. Receive notice of any hearing – **upon request.**

I do not require the District Attorney's Office to inform me of these rights with each singular case. I have been provided a list of rights, who to contact for change of address/phone number and a contact person.

I understand I can contact the District Attorney's Office with questions at any time regarding the worthless check case and can withdraw this waiver at any time.

Print Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Charge (amount your bank may charge you for having worthless checks come through your account, this may be verified with your financial institution): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## The Rights of Crime Victims

Wisconsin law provides crime victims the following rights:

1. To attend court proceedings, subject to any sequestration order. The court may require victims to exercise this right by telephone or other available means, if the Victim is incarcerated, under arrested or committed to a treatment facility, and the victim does not have a representative.
2. To be accompanied to court by a service representative, in certain cases.
3. To a speedy disposition of the case in order to minimize the length of time a Victim must endure the stress of their responsibilities in connection to this case.
4. To have his/her interests considered with the court in deciding whether to exclude persons from a preliminary hearing.
5. To have his/her interests considered with the court in deciding whether to grant a continuance of any hearing in this case.
6. To be provided a waiting area in court.
7. To apply for financial assistance from the office of Crime Victim Compensation in certain cases. Assistance is available in violent crimes and does not cover property losses.
8. To be provided with appropriate intercession services to ensure that employers of victims will cooperate with the criminal justice process in order to minimize loss of income or benefits resulting from court appearances.
9. To request an order for and to be given the results of testing to determine the presence of sexually transmitted diseases or of any strain of human immunodeficiency virus (HIV) in certain cases.
10. Upon request, the opportunity to consult with the District Attorney concerning the case and possible outcomes of the prosecution, including potential plea agreements and sentencing recommendation. This right does not limit the obligation of the District Attorney to exercise his or her discretion concerning the handling of any criminal charges against the defendant.
11. Upon request, the opportunity at sentencing to make an oral statement or a written statement to be read, relevant to sentencing.
12. To have the pre-sentence investigation writer, in cases in which a pre-sentence investigation is ordered, make a reasonable attempt to contact the victims.
13. To request that the court order restitution and to a civil judgement for unpaid restitution.
14. Upon request, to receive information about the outcome of the case.
15. To have any stolen or other personal property expeditiously returned by Law Enforcement agencies when no longer needed as evidence. If possible, all such property, except weapons, currency, contraband, property subject to evidentiary analysis and property the ownership of which is disputed shall be returned to the owner within 10 days of being taken.
16. To complain to the Department of Justice concerning the treatment of crime victims and to request review by the Crime Victims Right Board of the complaint.

\*If you want more information about Crime Victim Compensation, please contact the Victim/Witness Office at 608-269-8779