

# Middleton Police Department

7341 Donna Drive

Middleton, WI 53562

608/824-7300 Fax/833-9990



Charles Foulke  
Chief of Police

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## WORTHLESS CHECK COMPLAINT POLICIES

1. The reverse side of this form must be completed and accompany the worthless check as returned by the bank.
2. If the check was returned as a “forgery”, contact us immediately.
3. Checks should be turned in for investigation within 60 days of your having received them. Exceptions to this 60 day limit may be made when you have made diligent efforts to contact the check writer and obtain payment.
4. Identification should be required and copied onto the check.
5. If the check was returned at least once marked “NSF” or “Non-Sufficient Funds”, then the check writer must be notified and a demand for payment within 5 days must be made. No offense has been committed unless five days have passed since notice was received by the check writer and no payment has been made.
6. If the check has to be handled as a “NSF” check then proof of positive contact must be attached to this form. Either a copy of the letter sent to the check writer by certified mail (return receipt requested to show to whom, date and address of delivery) and the signed return receipt; or an affidavit signed by a person stating that he/she informed the check writer verbally that the check was worthless, that he/she demanded payment be made and on what date the demand was made.
7. If the check was returned marked “Account Closed” or “No Account” then the bank at which the account was held must be contacted to learn the date that the account was closed. If the account was closed prior to 5 days before the check was passed, then no notice need be given to the check writer and the case can be reported for investigation. If the account was closed after the check was passed or within 5 days before the check was passed, then the case must be handled as a Non-Sufficient Funds Check.
8. The check writer can not be prosecuted if the check was post dated, payment for some past consideration (credit extended) except a payroll check or if partial payment has been accepted.
9. It is understood that this information is given to the Middleton Police Department for the purpose of prosecution and not for collection.
10. By filing this form the victim agrees to participate in the prosecution of this offense. We reserve the right to decline the investigation of a worthless check brought to us by a victim who in the past has withdrawn his support of prosecution of a case once restitution was obtained.



# MIDDLETON MUNICIPAL COURT

Marjorie Schuett  
Municipal Judge

Rebecca W.  
Court Clerk

## RESTITUTION REQUEST FORM

Case No.

Today's Date: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

This court has been notified by the Middleton Police Department that you were the victim of an ordinance violation which resulted in your having suffered property damage, property loss or personal injury. If the person responsible for the violation is caught and convicted, the court may order that person to pay you for some or all of your loss. In order for the court to proceed, it is necessary that you complete this form and return it by:

(Date) \_\_\_\_\_ to Middleton Municipal Court, 7341 Donna Drive, Middleton, WI 53562

\_\_\_\_\_ Check here if you do not want anything.

\_\_\_\_\_ Check here if you do want monetary restitution.

**AMOUNT OF RESTITUTION YOU ARE REQUESTING: \$** \_\_\_\_\_

The above figure represents the following property damage or loss, medical bills or lost wages that you have sustained as a result of the violation. **(DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE.)** Please list each item and the amount being claimed. If you need additional space, feel free to continue on the other side or attach a separate sheet of paper.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Important** - You should attach copies of bills, receipts, estimates, proof of lost wages from your employer, or any type of information that explains how you arrived at the above figures. If you are attaching estimates for repair work, please indicate if work was completed and the final cost of completed work. Not attaching the necessary paperwork could delay or cause your request to be denied.

**INSURANCE:** Do you have insurance covering any of the above amounts? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach a separate piece of paper showing your insurance company's name and address, claim adjuster's telephone number, policy number, claim number and the amount covered.

I certify that the above information, to the best of my knowledge and belief, is correct and represents actual and reasonable expenses I have incurred and for which I have not been reimbursed.

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

\* An order of restitution by the court does not guarantee compliance by the defendant. \*