



Burnsville

Police Department

CHECK DIVERSION PROGRAM

A RESTITUTION GUIDE FOR
MERCHANTS AND RESIDENTS



CITY OF BURNSVILLE, MINNESOTA POLICE DEPARTMENT

100 Civic Center Parkway
Burnsville, Minnesota 55337
952-895-4600 • Fax 952-895-4640

*Eric J. Gieseke
Chief of Police*

Dear Burnsville Merchants and Residents:

As consumers and taxpayers, we all pay higher prices due to losses associated with people issuing worthless checks. Law enforcement spends significant resources investigating and prosecuting people who issue worthless checks. The number of worthless check cases increases every year.

In response to concerns regarding worthless checks, the Burnsville Police Department has implemented a worthless check diversion program.

The main goals of the program are:

- to seek restitution for victims;
- increase the accountability for people who issue worthless checks;
- educate and assist Burnsville merchants and residents in reducing the number of worthless check cases; and
- reduce the investigation and prosecution costs associated with worthless check cases.

The Check Diversion Program is at *no cost to the taxpayer or merchants*. It is funded solely by fees from the people who issue the worthless checks.

If you have further questions after reviewing this packet, please contact the Check Diversion Program at 1-800-880-5420.

BURNSVILLE POLICE DEPARTMENT

*Eric J. Gieseke
Chief of Police*

CHECK DIVERSION PROGRAM

PROGRAM SUMMARY

- If the check writer pays the Check Diversion Program, 100 percent of the face value of the check is returned to the merchant plus bank fees, if paid.
- The offender then completes a financial counseling program offered by the Check Diversion Program.
- If the check writer fails to pay, the check is sent for prosecution review and proceedings.

CHECKS ELIGIBLE FOR THE PROGRAM

- NSF, Account Closed, Refer to Maker, Stop Payment, and Electronic Checks received within Burnsville city limits that do not exceed \$1,500.00 are eligible for the Check Diversion Program. **If your check exceeds \$1,500.00, please bring it directly to the Burnsville Police Department.**
- Worthless checks submitted less than 120 days from the date issued by the check writer are eligible for the program. (Exception: First time program users may send checks up to two-years old.)

CHECKS NOT ELIGIBLE FOR THE PROGRAM

- Promissory notes and/or arrangement to hold the check for deposit or credit extensions are not eligible.
- Second party checks are not eligible.
- Checks that are currently in collections by a collection agency or attorney (law firm) are not eligible. (These checks may be forwarded to the Check Diversion Program after the collection agency has sent them back.)

STEPS TO FILING A COMPLAINT FORM

- The two documents below must be completed before any checks can be processed in the program:
 1. A signed ***Memorandum of Understanding***. Send this with your first check(s). You need to send this in one time only.
 2. A completed ***Preliminary Worthless Check Report***. This form must accompany each batch of check(s) submitted.
- You must also submit the original check(s) stamped by the bank with the reason the check was returned to you.
- Mail the two documents and check(s) to: **BURNSVILLE CHECK DIVERSION PROGRAM
PO BOX 29
RED WING, MN 55066**

WORTHLESS CHECK PROGRAM REPORTING

For information on checks mailed in, call the Check Diversion Program at: 1-800-880-5420

Any recovered restitution will be handled as follows:

- Paid-in-full restitution will be deposited into a trust account and paid back monthly.
- Payment plans will be deposited into a trust account and paid back after final payment is received.

WHEN TO CONTACT THE POLICE

Call the Burnsville Police Department to report:

- Counterfeit check(s)
- Altered checks
- Forged checks of any amount
- Checking account opened using fraudulent information
- Stolen checks

If you are a victim of the above crimes, call the Burnsville Police Department at 952-322-2323 to file a police report. A police officer will take an initial report. **These crimes must be reported immediately.**

MERCHANT SIGNAGE

The following signage is required by Minnesota law to allow merchants to enforce collection of service charges and civil penalties. This must be posted where your customers can see the service charge at the time the check is accepted by the merchant. Copy and post, as needed:

**IT'S AGAINST THE LAW TO WRITE A
BAD CHECK IN MINNESOTA**

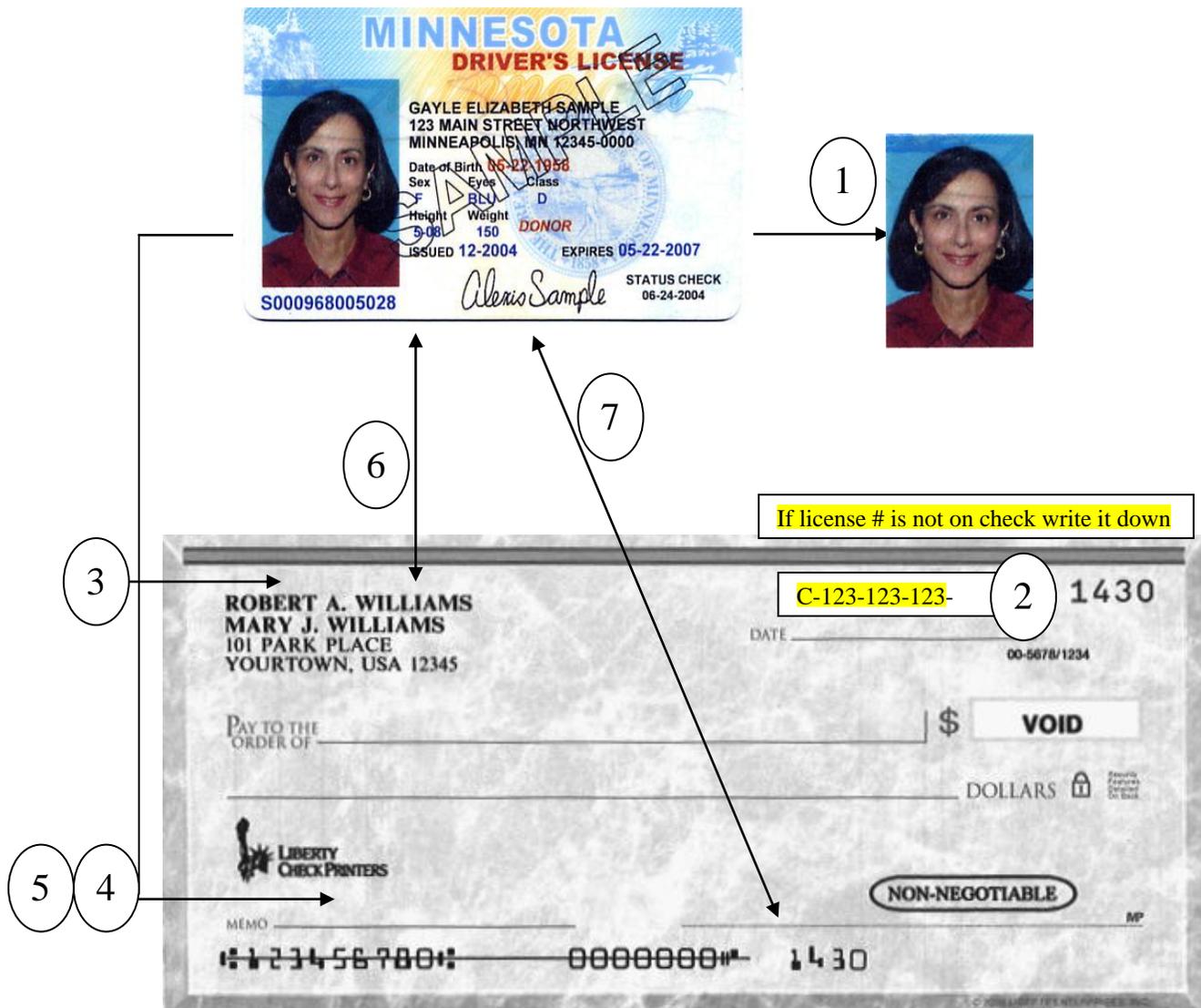
**Checks returned to us for nonpayment
are subject to a service charge of**

\$30

**Additional civil penalty may be imposed
on checks returned for nonpayment after 30 days.**

MN Statute 604.113 Minnesota Retail Merchants Association

CHECK ACCEPTANCE PROCEDURES



1. Make sure the photo on identification card matches the customer
2. Record the identification number; i.e., DL # D-123-123-123-123.
3. Have employee initial upper left corner.
4. Record home, work, or cell phone number.
5. Record date of birth; i.e., DOB 1/29/72
6. Make sure the identification card matches name and address on the check. If time permits, write down good address as indicated by customer.
7. Check the signature on the identification card and match this to the signature on the check. If these signatures do not match, acceptance of the check should be declined.

MEMORANDUM OF UNDERSTANDING

Mail To: BURNSVILLE CHECK DIVERSION PROGRAM
 PO BOX 29
 RED WING, MN 55066

It is my intention to submit worthless checks to the Check Diversion Program. This is an acknowledgment to cooperate with all aspects of this program including:

- To appear as witness, or have my staff appear as witnesses, as required for any prosecution of a worthless check submitted in this program.
- I further agree that once a check has been submitted, I will NOT ACCEPT restitution from anyone, except from the Check Diversion Program. If restitution is accepted from anyone other than the Check Diversion Program, I could be liable for services performed and could be excluded from future service of this program for at least one year.
- If I accept payment directly from the bad check writer, I will report payment within 24 hours. I understand that if payments directly to my business seem excessive, I may be assessed \$30 for each check for which I accept payment.
- By this acknowledgement, when I forward a check to the Check Diversion Program, I am foregoing my right to personally recover any service charges or civil penalties. These service charges or penalties, if any, will be collected through the Check Diversion Program. I also understand that I am gifting the \$30.00 NSF fee allowed by state statute to the Check Diversion Program.
- I am aware, and fully understand, that this program was established by the Burnsville Police as a public service, and the City of Burnsville is held harmless and has no liability for the inability to make recovery of any check(s).
- I also understand that the Burnsville Police, City Attorney and County Attorney's offices may pursue any and all legal criminal remedies for recovery of check(s) available to their offices.
- I agree that in the event of a disputed check, a process for arbitration will be used to resolve the claims. I also agree to accept and abide by the decision of the mediator's judgment and make settlement of any fees, if found liable as a due course of arbitration. CDP may mediate my claims in good faith and be held harmless for any activities taken on my behalf.
- I have received the copies of the restitution forms and guidelines for submitting checks to this program that I must complete. I recognize that a request for complaint form must be completed for each batch of checks being submitted.
- As a merchant, I will ensure that I communicate to all my employees the proper check cashing/acceptance procedures and display our check cashing policy and Minnesota state law regarding check penalties as required by this program.
- I understand that without proper photo identification such as a Minnesota driver's license or state identification card recorded or verified during the transaction, there may be limitations in pursuing the worthless check writer.

Signature & Title of Company Representative

Company

Date

Please PRINT the following information:

Business Name: _____

Address: _____

City/State/Zip: _____

Contact Name/Title: _____ Phone #: _____

Email Address: _____

PRELIMINARY WORTHLESS CHECK REPORT
(AND REQUEST FOR COMPLAINT)

Mail To: BURNSVILLE CHECK DIVERSION PROGRAM
 PO BOX 29
 RED WING, MN 55066

VICTIM OR FIRM NAME	ADDRESS	BANK FEE PER CHECK
PERSON FILING COMPLAINT	CITY, STATE, ZIP	BUSINESS PHONE
SUSPECT COMPARED WITH ID? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL ADDRESS	BUSINESS FAX
CAN EMPLOYEE/INDIVIDUAL WHO ACCEPTED THE CHECK IDENTIFY THE CHECK WRITER BY PHOTO LINE UP OR IN PERSON? (Please check yes or no) <input type="checkbox"/> YES (ATTACH THE SINGLE CHECK WITH THIS FORM) <input type="checkbox"/> NO (ATTACH AS MANY CHECKS AS YOU WOULD LIKE)		
NAME OF EMPLOYEE/CHECK ACCEPTOR PHONE NUMBER ADDRESS DOB	NAME OF ADDITIONAL WITNESS PHONE NUMBER ADDRESS DOB	
DO YOU HAVE VIDEO RECORDING CUSTOMER? <input type="checkbox"/> YES (IF IT IS STILL AVAILABLE, PLEASE MAKE STILL IMAGES AND ATTACH TO FORM) <input type="checkbox"/> NO		
PHONE CALL DATES:		
COMMENTS:		

The check(s) in question are submitted for criminal prosecution. By submitting these checks for prosecution, I agree NOT to accept restitution from the suspect or his/her agent. I certify that this report is true, accurate, and complete to the best of my knowledge.

 Signature & Title of Company Representative

 Company

 Date