

Sample Demand Letter

Victims of dishonored checks are required to make at least one attempt to notify a check writer to demand payment of a dishonored check. **This can be done by regular mail, supported by an affidavit of service or by certified mail. The check writer must then be given fifteen (15) days to respond.** (If, after that time, the matter has not been resolved, the check can be referred to the Check Enforcement Program. See the Program Guidelines for more details on referring a check.)

The sample demand letter below is suitable to send the check writer. The language of the letter conforms to the requirements of the Prosecuting Attorney's Office.

Note: Victims of dishonored checks must not make any threats of prosecution (written or oral) to enforce or enhance the collection or honoring of the check.

Be sure to date the letter.

You can vary this text, but the text of a demand letter must "substantially conform to" this wording.

You may require the check writer to pay a fee, not to exceed \$20 or the face amount of the check, whichever is lesser. However, if you have posted a notice at the point of sale that a \$20 fee will be assessed if the check is dishonored, then you may demand a \$20 fee regardless of the amount of the check. The set fee may not exceed \$20.

When you submit the check to the Check Enforcement Program, we collect a \$10 victim's fee in addition to the amount of the check.

Keep a copy of the demand letter and enclose a copy of the demand letter when you submit the check to the Check Enforcement Program.

If it is returned as undeliverable, you should enclose the undelivered letter when you submit the check to the Check Enforcement Program.

Of course you are free to discuss the matter with the check writer, but remember to avoid threats of prosecution.

(Company letterhead)

Check writer
Address
City, State Zip

Date

Re: Notice of Dishonored Check

You are hereby notified that a check, number _____, issued by you on *(date of check)*, drawn upon *(name of bank)*, and payable to *(your business)*, has been dishonored.

You have fifteen days from the date of this notice to tender payment of the full amount of the check plus a fee of \$ _____ to the undersigned at:

_____.

You are further notified that in the event the above amount is timely paid in full, you will not be subject to legal proceedings.

Sincerely,

(Signed)

FOR MORE INFORMATION

If you have questions about the Program or any of the dishonored checks you have referred, call us toll free at **1-888-524-2996**. We will do our best to make sure your dishonored checks are handled efficiently and promptly.

Ada County Prosecuting Attorney's Check Enforcement Program

P.O. Box 6777 • Boise, ID 83707-6777