

# Sample Demand Letter

Illinois statute requires victims to make at least TWO ATTEMPTS to deposit or cash a check – WITH A SEVEN (7) DAY PERIOD BETWEEN ATTEMPTS. Victims must make a documented attempt to collect on the check. A victim must write the check writer to inform them about the dishonored check. If you cannot reach the check writer or he or she does not pay, you should proceed with referring the check to the Bad Check Diversion Program. The sample demand letter below is suitable to send the check writer. The language of the letter conforms to the requirements of the Illinois Statutes.

**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 should “substantially conform to” this wording.

You may require the check writer to pay fee's allowable by law.

Keep a copy of the demand letter and enclose a copy of the demand letter or return receipt when you submit the check to the Bad Check Diversion Program.

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

The Bad Check Diversion Program requires check writers to pay the victim a victim fee to cover any charges that are incurred as a result of the bad check - as well as the full amount of the check.

In the event you contact the check writer by phone, you should essentially give the same information as shown in this sample letter.

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 ten 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, civil or criminal.

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 **1-800-704-5738**. You may also contact the Program on the web at: **[www.hotchecks.net/DuPage](http://www.hotchecks.net/DuPage)**. We will do our best to make sure your dishonored check(s) are handled efficiently and promptly.

**DuPage County State's Attorney's Bad Check Diversion Program**

503 N. County Farm Road • Wheaton, IL 60187