

CERTIFIED NOTICE

To: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
A Certain Check Dated: _____ In the Amount Of: \$ _____
Drawn on (Name and Address of Bank): _____
Made Payable To: _____
Bearing the Signature Of: _____
Having been refused because of insufficient funds or _____

This letter is your Notice. If you have not paid this check to the holder within ten (10) days, you will be subject to prosecution and the Court or the jury may infer that you knew the check would not be paid.

THEREFORE, YOU SHOULD GIVE THIS MATTER YOUR IMMEDIATE ATTENTION.

Check Amount:	\$ _____	_____
Notice Fees	\$ _____	(Signature)
Costs	\$ _____	
TOTAL DUE	\$ _____	_____
		(Business)

~~~~~THE PENALTIES~~~~~

The following degrees of theft and the penalties prescribed thereunder are outlined in Section 714.2 Code of Iowa and elsewhere:

**FIRST DEGREE THEFT:** More than \$10,000.00, a Class "C" Felony with a penalty of up to 10 years in prison and a fine up to \$10,000.00, plus 35% surcharge and a \$125.00 surcharge.

**SECOND DEGREE THEFT:** From \$1,000.00 to \$10,000.00, a Class "D" Felony with a penalty of up to five years in prison and/or a fine up to \$7,500.00, plus 35% surcharge and a \$125.00 surcharge.

**THIRD DEGREE THEFT:** From \$500.00 to \$1,000.00, an Aggravated Misdemeanor with a penalty of up to two years in prison or a year in county jail, and/or a fine up to \$5,000.00, plus 35% surcharge and a \$125.00 surcharge.

**FOURTH DEGREE THEFT:** From \$200.00 to \$500.00, a Serious Misdemeanor with a penalty of up to a year in the county jail and/or a fine up to \$1,500.00, plus 35% surcharge and a \$125.00 surcharge.

**FIFTH DEGREE THEFT:** Up to \$200.00, a Simple Misdemeanor with a penalty of up to 30 days in the county jail and/or a fine not to exceed \$500.00, plus 35% surcharge and a \$125.00 surcharge.

Any person who passes a check knowing that it will not be paid when presented is subject to the full penalty upon conviction under Iowa Law. Your refusal to pay off this check, in full, within ten (10) days after receiving this Notice shall be considered to be proof to be used against you.

YOU must pay the full amount of this check to: \_\_\_\_\_

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

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

If you have not paid this check within ten (10) days, this matter will be turned over to the Winneshiek County Sheriff's Department for further action.