

LACONIA POLICE DEPARTMENT
Laconia, New Hampshire

BAD CHECK CITIZEN'S COMPLAINT FORM
Insufficient Funds/Account Closed Checks

Date Received: _____

Type of Offense: Bad Check

Incident Number: _____

POLICE USE ONLY: MAKE NO MARKS ABOVE THIS LINE

INSTRUCTIONS: Please Follow Carefully

Checks are accepted for criminal prosecution only and are not returned if prosecution is initiated.

This entire report must be completed legibly. Please print or type.

- 1) A fourteen (14) day statutory demand notice must be sent to the passer in each bad check case by **certified mail** with return receipt requested. In addition, you should attempt to make personal "face-to-face" contact with the passer concerning the bad check, and document your efforts. Do not submit a check and this form for possible prosecution unless you are satisfied that the passer intended to defraud you, and that you would participate in prosecution even if the passer attempted to pay off the check at some future date. Use one (1) report form for each bad check submitted.
- 2) Submit with this form the **original** check, a copy of the bad check notice you sent, and the certified mail receipt or letter if returned "unclaimed" or "undeliverable".
- 3) This form must be signed by the person in a position of responsibility; i.e., manager, cashier, owner, etc.
- 4) Please return this form and required documents to Deborah Simkins.

BAD CHECK CITIZEN'S COMPLAINT FORM

Your Full Name:_____ Date of Birth:_____

Business Address:_____ Business Phone:_____

Home Address:_____ Home Phone:_____

Full Address of Business, Branch, Place Where Check was Accepted:_____

Check Number:_____ Date/Time Check Accepted:_____ Amount:_____

Name of Person Who Presented the Check:_____

Bank Check Drawn On:_____

THE NEXT SECTION MUST BE COMPLETED BY THE PERSON WHO ACTUALLY TOOK THE CHECK

Your Full Name:_____ Date of Birth:_____

Home Address:_____ Home Phone:_____

Description of Passer:

Race:_____ Age:_____ Sex:_____ Height:_____ Weight:_____

Hair Color:_____ Hair Length:_____

Name Given to You by Passer:_____

Passer Claimed Employment At:_____

Phone Number Given to You by Passer:_____

Address Given by Passer:_____

Passer's Driver's License Number:_____ State:_____

Other ID Used:_____

Description of Automobile Involved, if any, Make:_____

Model:_____ Color:_____

License Plate Number and State:_____

Description of Person(s) Who Accompanied the Passer, if any: _____

Name of Other Persons Who Witnessed the Transaction and a Phone Number Where They Can

Be Reached: _____

Please Circle the Proper Response:

1. Do you recall the transaction and/or what was purchased: YES NO
2. Was the passer known to you? YES NO If yes, how? _____

3. As the person who accepted the check, can you identify the passer? YES NO
If yes, how? _____
4. What did the passer obtain in exchange for the check?
 - a) Credit for a bill? YES NO
 - b) Services? YES NO
 - c) Cash? YES NO Amount? _____
 - d) Merchandise? YES NO

Describe:

- _____
5. Was the check post-dated and/or did the passer ask you to hold the check to a future date? YES NO
 6. Did you see the passer write the check and/or endorse the check? YES NO
 7. Did you initial, mark upon, or write upon the check at the time you accepted it? YES NO
If yes, what? _____
 8. Was payment stopped on the check? YES NO
If yes, when and under what circumstances? _____
 9. Do you have any knowledge that the check was not paid due to reasons which are not the fault of the person who passed the check? If so, please explain: _____

Criminal prosecution does not guarantee restitution as prosecution is designed to punish not collect debts; if you agree to prosecute this defendant you cannot drop the charges if he/she offers to pay the check. If a criminal case cannot be proven the check will be returned to you upon request.

I hereby understand and agree that all the information contained in this document is to be used and disseminated among all law enforcement agencies, the Office of the County Attorney and the Courts. I also understand and agree that this check is being submitted for criminal prosecution and that if criminal prosecution is instituted it will be necessary for those persons having knowledge of the facts to appear and testify in court.

I hereby certify that no one has accepted full or partial restitution for this particular check as of this date and I further agree NOT TO ACCEPT RESTITUTION WITHOUT NOTIFYING THE LACONIA POLICE DEPARTMENT.

I hereby certify that I have read and understand the directions for this form and that all of the facts herein are to be the best of my knowledge, true, accurate and complete.

SIGNATURE OF PERSON MAKING REPORT: _____

DATED: _____