

Bad Check Investigation

Instructions and Complaint Packet

The following requirements must be met for the North Haven Police Department to investigate a bad check complaint.

1. The check is dated for the date it was issued.
(The court will not accept cases where the check was postdated.)
2. The complainant did not agree to hold the check before presenting it for cash value.
3. The suspect was identified by use of a valid identification card or direct personal recognition.
4. The check was not a third party check.
5. The check was presented for payment within thirty (30) days of its issuance.
6. No form of restitution has been initiated; i.e. partial payment.
7. No civil process of restitution has been initiated.
8. The complaint is made within ninety (90) days of the check being issued.
9. The total amount of the check(s) is greater than \$100.
(The court will not prosecute cases under this amount.)

The victim of the bad check should make sure that the following steps are taken before filing a complaint with the North Haven Police Department.

1. The victim has the original check.
2. The victim must send a formal letter to the address of the suspect. (See attached sample). The letter must be sent via certified mail with a return receipt requested. The letter must indicate the following:
 - a) The suspect wrote the check to the victim on a specific date.
 - b) The check was presented for payment and rejected.
 - c) The victim demands payment of the amount of the check within eight (8) days of the receipt of the letter.
 - d) Criminal charges will be filed if the suspect has not complied with the above requirements.

After the eight (8) day period has passed, the victim should then complete a Bad Check Investigation Packet. The North Haven Police Department will only accept forms supplied by the department at North Haven Police Headquarters, or downloaded from **Northhavenpd.com**.

The forms should be completed by the victim as well as the person who received the check. If any portion of the forms are not completed, or are inaccurate, the forms will not be accepted. Also, cross-outs, and the use of whiteout is not acceptable.

Complete the forms and have all relevant documentation with you before responding to the North Haven Police Department to make your complaint. A patrol officer will initiate the investigation and prepare an initial case report.

NORTH HAVEN POLICE DEPARTMENT

BAD CHECK INFORMATION

Case #: _____

Reported to Officer: _____ I.D. # _____

Part 1

TO BE COMPLETED BY COMPLAINANT

Business Name: _____

Business Address: _____

Person Making Report: _____ Date of Birth ___/___/_____

Full address of business office where check was accepted:

Date Check Accepted: ___/___/_____

Check Number: _____

Check Amount: _____

(Court will not prosecute amounts under \$100.00)

Name used by person who presented check: _____

Was check presented for payment more than once? YES ___ NO ___ When? ___/___/_____

On what check date was the issuers account closed? ___/___/_____

Detail what steps were taken to contact issuer and recover losses.

Was contact made with the issuer? YES ___ NO ___

If Yes, by whom? _____

When? _____

Where? _____

Results: _____

It is the responsibility of the complainant to send by certified mail/return receipt requested, a letter to the person/firm issuing the bad check demanding restitution. Enclose copies of the letter and post office receipts with this packet.

Results Of Certified Mailing:

Did the issuer make contact with you? YES ___ NO ___
Has the issuer attempted to make restitution? YES ___ NO ___ If Yes, please explain:

Have you filed a civil action against the issuer? YES ___ NO ___
If Yes,

Court Name: _____
Docket #: _____
Case Status: _____

Have you retained an attorney or turned the matter over to a collection agency? YES ___ NO ___
If so, whom? _____

Please indicate below, anything you feel would be helpful in locating the issuer.

PART 2

MUST BE COMPLETED BY THE PERSON WHO TOOK THE CHECK

Name: _____
Home Address: _____
Home/Cell phone: _____

Description of Issuer:

Race: _____
Age: _____
Sex: _____
Height: _____
Weight: _____
Hair color: _____
Hair length: _____

Name used by issuer: _____
Issuer claimed employment at: _____
Phone number given by issuer: _____
Address of issuer: _____
Issuer's driver's license number: _____ State: _____

Did the signature on the license match the issuer's signature on the check? YES ___ NO ___
Other identification used? YES ___ NO ___
Did the issuer's appearance match the photo identification? YES ___ NO ___

Description of automobile used (if applicable): _____
Make: _____
Model: _____
Color: _____
Plate number: _____ State: _____

Description of those accompanying the issuer (if any):

Name and contact number of anyone who witnessed the transaction:

Name: _____
Address: _____
Home/Cell Number: _____

Do you recall the transaction? YES ___ NO ___
Was the issuer known to you? YES ___ NO ___ If Yes, how? _____
Were company policies and procedures followed? YES ___ NO ___ If No, explain below:

Was any special consideration given to the issuer when accepting this check? (Choose all that apply)

Credit for a bill? YES ___ NO ___
Services? YES ___ NO ___
Cash? YES ___ NO ___
Merchandise? YES ___ NO ___
Rent or mortgage? YES ___ NO ___
Other? YES ___ NO ___ If Other, describe: _____

Was the check postdated? YES ___ NO ___
Did the issuer ask you to hold the check until sometime in the future? YES ___ NO ___
Did you see the issuer write or endorse the check? YES ___ NO ___
Did you initial, mark upon, or write upon the check at the time you accepted it? YES ___ NO ___
If yes, describe: _____

Signature of person who actually accepted the check:

Date: _____

I hereby understand and agree that all the information contained in this document is to be used by, and disseminated among, all law enforcement agencies, the Office of the State's Attorney, and the courts. I also understand and agree that this check(s) is being submitted for criminal prosecution and, if criminal prosecution is instituted, it may 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(s) as of this date, and I further agree **NOT TO ACCEPT RESTITUTION WITHOUT NOTIFYING THE INVESTIGATING POLICE OFFICER.**

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

Signature of person making complaint

Date _____

SAMPLE

**NAME OF BUSINESS
ADDRESS
CITY OR TOWN ZIP #
TELEPHONE NUMBER**

CERTIFIED LETTER, RETURN RECEIPT-SIGNER OF THE LETTER WILL HAVE TO BE THE COMPLAINANT.

DATE OF LETTER

TO: PERSON ISSUING THE CHECK.

ON: DATE OF THE CHECK A PERSONAL CHECK #

DRAWN ON YOUR ACCOUNT AT THE NAME OF BANK

WAS ISSUED TO BUSINESS NAME

IN THE AMOUNT OF _____ FOR (PURCHASE) (CASH)

THE CHECK WAS DEPOSITED IN THE BUSINESS NAME OF BANK

ACCOUNT AT THE BUSINESS NAME OF BANK AND HAS BEEN RETURNED TO

BUSINESS NAME ON DATE RETURNED INDICATED ON BANK RECEIPT

INDICATING INSUFFICIENT FUNDS OR ACCOUNT CLOSED

IF THIS MATTER IS NOT RESOLVES WITHIN (8) DAYS UPON RECEIPT OF THIS LETTER, BY MAKING FULL PAYMENT ON THIS CHECK BY CASH, MONEY ORDER, OR CERTIFIED CHECK, CRIMINAL PROCEEDINGS WILL BE INSTITUTED IN THIS MATTER UNDER CONNECTICUT STATE STATUTE, 53a-128.

SIGNED _____