

# **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):

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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:

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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: \_\_\_\_\_

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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 \_\_\_\_\_**