

Skowhegan Police Department Bad Check Report

Offense # _____

To be completed by victim. Please complete to the best of your ability and knowledge. Note that date of birth, social security number, address, & phone number on all parties are necessary.

Business Name: _____

Business Address: _____

Business Phone Number: _____

Person Making Report: _____

Home Address: _____

Home Phone Number, Date of Birth, and Social Security #: _____

Job Title: _____

Check Information

1. Full address of where check was accepted: _____
2. Check # _____ Amount of Check: _____
3. Date and time check was accepted: _____
4. Any service charge imposed on business? If yes, what? _____
5. Name of the person who accepted the check. Please include address, date of birth, telephone number, and social security number. _____

Information on Check Presenter

1. Name of person passing check: _____
2. Description of person passing check: Height _____ Weight _____
Approx. Age _____ Hair _____ Eyes _____ Beard _____ Glasses _____

3. Passer claimed employment at: _____

4. Phone number of passer: _____

5. Was photo identification used? Yes _____ No _____

If yes, type of ID used? _____

If yes, was photo compared to passer? Yes _____ No _____

Driver's license number and State: _____

6. Description of Motor Vehicle Used: Make _____ Model _____

Color _____ Other Info _____

License Plate Number and State _____

6. Description of any other person(s) with passer _____

7. Name, address, phone number, date of birth, and social security #s to any witnesses.

Victim Information

Please circle the proper response.

1. Do you remember the transaction? Yes No

2. Did you know the passer? 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?

Credit for a bill

Cash - \$ _____

Service

Merchandise, please list _____

5. Was the check post-dated and/or did the passer ask you to hold the check until a future date? Yes No

6. Was there any conversation regarding the passer's ability to pay the check at the time it was passed? Yes No

If yes, what? _____

7. Did the passer write the check and/or endorse the check in your presence?

Yes No

8. Did you initial, mark, or write on the check at the time you accepted it?

Yes No

If yes, what? _____

9. Did the passer make any statements about the check? Yes No

If yes, what? _____

Collection Information

1. Please detail what steps you or your employees have taken to contact the suspect and to recover your losses. _____

By whom: _____

When & where: _____

Results: _____

2. Has the passer attempted to make restitution? Yes No If so, please detail. _____

Results: _____

3. Have you successfully served a Five-Day Statutory Bad Check Notice on the passer? Yes No

() Certified mail, return receipt

() Personal Service

If not served, note why. _____

4. Do you feel that the passer of the check intended to defraud you when he/she passed the check? Yes No

5. Have you attained an attorney or turned this matter over to a collection in an attempt to collect the check? Yes No

If yes, to whom? _____

6. Was there any dispute over the quality of goods or services received by the passer? Yes No If yes, please explain. _____

In the space below, please include any additional information you may have. _____

Note: The decision whether or not to prosecute this individual will be made by a representative of the District Attorney's Office who will take in to account numerous factors including the availability of necessary bank records. Criminal prosecution does not guarantee restitution as prosecution is designed to punish, not to collect debts. If you agree to prosecute this defendant, you cannot drop the charge if he/she offers to pay the check.

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 District 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 that I will notify the Office of the District Attorney and the law enforcement department if restitution is made.

I hereby certify that I have read and understand the directions for this form and that all of the facts written herein are to the best of my knowledge, true, accurate, and complete. Further, I am aware that a person who knowingly makes false written statements which he knows are not true is subject to prosecution of a crime punishable as a Class D crime under MRSA 17A, Section 453.

Signature & Title

Date

Five Day Notice To Be Served By Business or Person Accepting The Check

FIVE DAY NOTICE

To: _____

My business, _____, has received from you a check which has been returned from the bank. The check was numbered _____ and was made out in the amount of \$ _____. The bank indicates that the check was returned because of () insufficient funds () account closed () other. Kindly mail a certified check or money order to my business at the address below. In the alternative you may stop by and pay cash in person to _____. Please be advised that this letter constitutes your five (5) day notice as required by Title 17-A Maine Revised Statutes Annotated Section 708. If this matter is not taken care of within the prescribed five days, we will refer this matter over to the local police department for criminal prosecution. Please contact us as soon as possible to avoid that result.

Dated: _____ Signed: _____

Address: _____

