

**BAD CHECK REPORT**

**To be completed by the Complainant**

Business Name: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Person making report: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

**Check information**

Full address of place where check was accepted \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_ Date \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_ Date \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_ Date \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_ Date \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_ Date \_\_\_\_\_

Any service charge imposed on the business: YES \_\_\_\_\_ NO \_\_\_\_\_ \$ \_\_\_\_\_

**Information on Check Receiver**

(To be completed by the person who actually received the check.)

Your name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

(2)

Name of the person who presented the check: \_\_\_\_\_

Description of the person passing the check: Race \_\_\_ Age \_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Hair length \_\_\_\_\_ Other \_\_\_\_\_

Phone number of passer: \_\_\_\_\_

Address given by passer \_\_\_\_\_

Was photo identification used?: Yes \_\_\_ No \_\_\_ If yes, please provide

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Other identification used: \_\_\_\_\_

As the person who accepted the check, can you identify the passer?

Yes \_\_\_ No \_\_\_ If yes, how?

\_\_\_\_\_  
\_\_\_\_\_

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

Yes \_\_\_ No \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

Did the passer make any statements about the check? (If Yes, What)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Description of automobile used: Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ Other Vehicle Info. \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

Description of any other person(s) with the passer, include name if known:

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Name and phone number of other witnesses to the transaction:

1) \_\_\_\_\_

2) \_\_\_\_\_

Receiver Information Continued:

Do you remember the transaction? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the passer known to you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how?

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**What did the passer obtain in exchange for the check?**

(a) Credit for a bill (b) Cash, amount: \$ \_\_\_\_\_ (c) Service (d) Merchandise  
(please list) \_\_\_\_\_

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

Was there any conversation regarding the passer's ability to pay the check at the time it was presented? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

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**Collection information:** (To be filled out by the person making the report)

Please detail what steps you or your employees have taken to contact the suspect and recover your losses \_\_\_\_\_  
\_\_\_\_\_

What conversation have you or someone on your behalf had with the passer regarding the passer's ability to pay the check.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By whom: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_

Has the passer attempted to make restitution? Yes \_\_\_ No \_\_\_ If so, please detail: \_\_\_\_\_  
\_\_\_\_\_

Have you successfully served a 5-day statutory bad check notice on the passer?

Yes \_\_\_ No \_\_\_ If yes, how?:

( ) Certified Mail # \_\_\_\_\_ ( ) Personal Service.

If not served, the reason why: \_\_\_\_\_

**Do you feel that the passer of the check intended to defraud you when**

**he/she passed the check: Yes \_\_\_ No \_\_\_**



The decision whether or not to prosecute this individual will be made by a representative of the District Attorney's Office who will take into account numerous factors including what evidence exists of intent to defraud, identification and 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. 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 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, 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 17A, M.R.S.A. S453.

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_