

DATE RECEIVED _____ FELONY _____
OFFENSE _____ CLASS A _____ B _____
CASE # _____

POLICE DEPARTMENT USE ONLY: MAKE NO MARKS ABOVE THIS LINE

**INSUFFICIENT FUNDS/ACCOUNT CLOSED CHECKS
DATA SHEET**

INSTRUCTIONS: PLEASE FOLLOW CAREFULLY

1. **No** checks under five hundred dollars and one cent (\$500.01) will be accepted for investigation.

If you have a check under \$500.01 please fill out part III on page 4 of this package and return it to the Salem Police Department, 9 Veterans Memorial Parkway, Salem, New Hampshire, Attn: Investigative Services Unit. The information will become part of a data base file that tracks individuals who are writing a number of bad checks. The Investigative Services Unit will contact you in the event that a check writing scheme by one individual is uncovered.

2. **No** check will be accepted that has post dated; that the complainant has accepted and held for a period of time before cashing at the request of the writer; and that the complainant has accepted partial payment for (for which a legal stop payment has been placed); or that have been issued as part of a pre-arranged civil contract (e.g. rent payment, loan payments). These are promissory notes, and as such, are civil in nature.
3. **No** check will be accepted if the complainant cannot identify the employee who accepted the check or the place, time period and date the check was accepted.
4. **No** check will be accepted if proper identification such as a valid drivers license was not requested by the complainant before accepting the check (unless suspect is known to the acceptor of the check). Complainant must be able to identify the suspect. Credit cards or school I.D.'s are not accepted as valid identification.
5. **No** third party check will be accepted.
6. A fourteen (14) day statutory demand notice must be sent to the passer in each check case, by registered mail, with return receipt requested. In addition, you should attempt to make a personal "face to face" contact with the passer concerning the 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 a prosecution, even if the passer attempted to pay off the check at some future date. Use one (1) report form for **each check** submitted.
7. Submit with this form, the ORIGINAL check, a copy of the fourteen (14) day demand letter and the ORIGINAL Post Office report receipt return showing its delivery or non-delivery.
8. Once a check is accepted for prosecution, the complainant will no longer accept any funds for the offense without first consulting the Salem Police Department.
9. Once arrest warrants are in effect or an indictment has been issued from the Rockingham County Superior Court Grand Jury, the complainant may accept restitution from the defendant in the full amount. However, regardless of this action, the Salem Police Department will still prosecute the case and the complainant must agree to cooperate with the State in that prosecution. (Felony cases only checks over \$500.01)
10. This form must be signed by the person who is responsible for the prosecution, e.g. manager, cashier, owner.
11. This entire report must be completed and legible. PLEASE PRINT OR TYPE.
12. If you cannot complete Part I and II, please complete Part III and return it to the Salem Police Department.
13. For felonies, contact Salem Police Department Investigative Services Unit at 890-2310 and schedule an appointment with a detective or return the completed package and supporting evidence to: Salem Police Investigative Services, 9 Veterans Memorial Parkway, Salem, New Hampshire 03079.
14. If you develop any questions in completing this form, please feel free to call for assistance at 890-2310.

TO BE COMPLETED BY PERSON MAKING REPORT

PART I

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

Was the passer contacted? _____

By what person? _____

When? _____

Where? _____

Result? _____

2. Has the passer attempted to make restitution? _____ If so, please detail:

Have you successfully served a 14-day statutory bad check notice on the passer? Yes _____ No _____.

If yes, how: Certified mail or Personal Service? (Attach Copy) _____

If not served, the reason why: _____

Do you feel that you have exhausted your ability to collect this check: Yes _____ No _____.

3. Have you retained an attorney or turned this matter over to a collection agency in an attempt to collect the check? Yes _____ No _____.

If so, who:

NOTE:

Please indicate on the reverse side of this form, anything you feel would help in locating and prosecuting this Person.

The decision whether or not to prosecute this individual will be made by the Salem Police Department or a representative of the Rockingham County Attorney's Office who will take into account numerous factors including what evidence exists of intent to defraud and the availability of bank records.

REPORT

PART II

1. Your Business Name: _____
2. Business Address: _____ Bus. Phone: _____
3. Person Making Report: _____ Job Title: _____
Home Address: _____ Home Ph: _____
DOB: _____ Social Security # ____ - ____ - ____
4. Full address of Business Branch, **place** where the check was accepted:

5. Check # _____ Date check ACCEPTED: _____ Amount \$ _____

6. Name of person who presented check: _____

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

1. Your Name: _____
Home Address: _____ Zip: _____

2. Your Home Phone: _____ DOB: _____ SSN: _____

3. Description of Passer: Race: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Hair Color: _____ Hair Length: _____

Name Given To You By Passer: _____

Passer Claimed Employment At: _____

Phone Number Given To You by Passer: _____

Address of Passer: _____

Passer's Drivers License # _____ State: _____

Other I.D. Used: _____

4. Description of automobile involved (if any): Make: _____

Model: _____ Color: _____

License Plate Number: _____ State: _____

5. Description of person(s) who accompanied the Passer (if any): _____

6. Name of other person(s) who witnessed the transaction and a phone number at which 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 (c) Cash? YES NO

Amount: _____ (d) Services? YES NO (d) Merchandise? YES NO

Describe: _____

5. Was the check postdated 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. Your signature: _____ Date: _____

PART III – USE FOR REPORTING CHECKS UNDER \$500.01

The information provided in this block will become part of a data base file that tracks individuals who are writing a Number of bad checks. The Investigative Services Unit will contact you in the event that a check writing scheme by one individual is uncovered.

1. Your Business Name: _____
2. Business Address: _____
Business Telephone # _____
3. Person Making Report: _____ DOB: _____
Job Title: _____
Home Address: _____
Home Telephone# _____
4. Full address of Business Branch, **place** where the check was accepted: _____

5. Check # _____ Date check was ACCEPTED: _____ Amount \$ _____
6. **Name of person who presented check:** _____
7. Identification Information (i.e. license #) _____
8. Name of Bank: _____
9. Date of Check: _____
10. Account Number: _____
11. Name on Check: _____
12. Address on Check: _____

DO NOT SUBMIT CHECK

IF COMPLETING PART III ONLY

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 may be used by 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:

**Salem Police Department
Investigative Services Unit
9 Veterans Memorial Parkway
Salem, NH 03079**

Investigative Services Unit: 890-2310

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

SIGNATURE OF PERSON MAKING REPORT: _____

DATE: _____