

DATE RECEIVED: _____ FELONY: _____ MISDEMEANOR: _____

OFFENSE: _____ REPORT#: _____

POLICE DEPARTMENT USE ONLY: MAKE NO MARKS ABOVE BELOW LINE

INSUFFICIENT FUNDS/ACCOUNT CLOSED CHECKS DATA SHEET:

PLEASE READ THOROUGHLY, FILL IN COMPLETELY, AND PRINT OR TYPE LEGIBLY

1. **No** check will be accepted that has been postdated; that the complainant accepted and held it for a period of time before cashing it at the request of the writer; that the complainant has accepted partial payment for; for which a legal stop payment has been placed; that are payroll checks; that are third party checks; that are checks written to repay gambling debts; that have been issued as part of a prearranged civil contract(e.g. rent payments, loan payments). These are promissory notes, and as such, are civil in nature. Exceptions to these rules include: checks deemed to be forgeries; checks written in a scheme; accounts opened under false identification for the sole purpose of defrauding the bank or the public; any check that the Weare Police Department deems that an investigation and prosecution of the suspect would benefit the public welfare.
2. **No** check will be accepted when the complainant cannot identify the employee who accepted the check or the place, time period and date the check was accepted.
3. **No** check will be accepted if proper identification, such as a valid driver's 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 identifications are not accepted as valid identification.
4. 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.
5. 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; a copy of any surveillance that exists of the actual transaction.

6. Once a check is accepted for prosecution, the complainant will no longer accept any funds for the offense without first consulting the Weare Police Department.
7. Once arrest warrants are in effect or an indictment has been issued from the Hillsborough County Superior Court Grand Jury, the complainant may accept restitution from the defendant in the full amount; however, regardless of this action, the Weare Police Department will still prosecute the case and the complainant must agree to cooperate with the State in that prosecution.
8. This form must be signed by the person who is responsible for the prosecution, e.g. manager, cashier, owner.
9. If you develop any questions in completing this form, please feel free to call for assistance at 603-529-7755
10. Once completed, please call the Weare Police Department (603) 529-7755 to arrange a police officer to retrieve this if within the town limits or drop it off with the police station. Outside the town limits, mail to "Weare Police Department 144 North Stark Highway, Weare NH 03281" Please include any surveillance available.

TO BE COMPLETED BY PERSON MAKING REPORT:

PART I- (CIRCLE THE PROPER RESPONSE)

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

Was the passer contacted? Y N

By what person? _____

When? _____

Where? _____

Result? _____

2. Has the passer attempted to make restitution? Y N

a) If so, please detail: _____

3. Have you successfully served a 14 day statutory bad check notice on the passer? Y N

a) If **YES**, how: Certified mail or Personal Service? _____

b) If **NOT** served, the reasons why: _____

4. Do you feel that you have exhausted your ability to collect this check? Y N

5. Have you retained an attorney or turned this matter over to a collection agency in an attempt to collect the check? Y N

a) If YES, whom: _____

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 Weare Police Department or a representative of the Hillsborough 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: _____
3. Business Phone Number: _____
4. Person Making Report: _____ Job Title: _____
Home Address: _____ Home Phone: _____
DOB: _____ Social Security #: _____
5. Full address of Business Branch, **place** where the check was accepted:

6. Check #: _____ Date Check was ACCEPTED: _____ Amount \$: _____
7. Name of person who presented check: _____

Please submit **any surveillance** of the transaction along with the package. If surveillance is not available at the time, but exists, who is the contact person?

NAME: _____

CONTACT INFORMATION: _____

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

- =====
1. Your Name: _____
 2. Home Address: _____ Zip: _____
 3. Your Home Phone: _____ DOB: _____ SSN: _____
 4. Description of Passer: Race: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____
Hair Color: _____ Hair Length: _____
- Name Given to you by Passer: _____
- Passer Claimed Employment At: _____
- Address of Passer: _____

Phone Number (s) Given To You by Passer: _____

Passer's Driver's License Number: _____ State: _____

Other I.D. Used: _____

5. Description of automobile involved (if any):

Make: _____ Model: _____ Color: _____

License Plate Number: _____ State: _____

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

7. Name of other person(s) who witnessed the transaction and a phone number at which they can be reached: _____

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

a) If YES, how? _____

3. As the person who accepted the check, can you identify the Passer? YES NO

a) If YES, how? _____

4. What did the Passer obtain in exchange for the check?

- | | | | |
|-----------------------|-----|----|---------------|
| a) Credit for a bill? | YES | NO | |
| b) Cash? | YES | NO | Amount: _____ |
| c) Services? | YES | NO | |
| d) Merchandise? | YES | NO | |

e) 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

a) If YES, what? _____

Your signature: _____ **DATE:** _____

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 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:

**Weare Police Department
144 North Stark Highway
Weare, NH 03281
(603) 529-7755**

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

PRINTED NAME OF PERSON MAKING REPORT

DATE: _____