



STRATHAM POLICE DEPARTMENT BAD CHECK PACKET

INSTRUCTIONS

(Please Follow Carefully)

Dear Reporting Person-

The Stratham Police Department has a general order that guides its officers on how these matters are routinely handled. Please understand the following guidelines that are set by this general order:

1. Checks older than sixty (60) days will not be accepted for criminal investigation. Please refer your case to the civil court.
2. Single checks that are less than 100 dollars will not be accepted for criminal investigation. Please refer your case to the civil court.
3. Checks that were knowingly received as “postdated” or held before depositing will not be criminal investigated. Please refer your case to the civil court.
4. Checks that are accepted for criminal prosecution are not returned if prosecution is initiated.
5. If it is determined that this case will be criminal investigated, this Bad Check Packet must be completed by you and returned to the officer before the officer can proceed with the investigation.
6. Checks stamped “Closed Account” or “Account Closed” will be accepted with this form, but will not result in prosecution unless subsequent police investigation shows that the passer knew the account was closed.
7. A fourteen (14) day statutory demand notice must be sent to the passer in each case by registered mail with return receipt requested. In addition, you should attempt to make “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 prosecution even if the passer attempted to make restitution at some future date. Use one (1) report form for each check submitted.
8. Submit with this form, the original check, a copy of the bad check letter you sent, and the Post Office return receipt showing its delivery or non-delivery.
9. By submitting this check to the Stratham Police Department for possible prosecution, you are of the opinion that the passer intended to defraud you, and that you will participate in the prosecution even if the passer attempts to make restitution at some future date.

FOR DEPARTMENT USE ONLY:			
Date Received:	Type of Offense:	Case Number:	
PERSON REPORTING:			
Business Name:		Business Phone:	
Business Address:	City:	State:	Zip:
Person Making Report:		Job Title:	
Home Address:		Home Phone:	
Full Address of Business/Branch Where Check was Accepted:			
Check Number:	Date Check Accepted:	Amount of Check: \$	
Name of Person Who Presented Check:			
THIS SECTION TO BE COMPLETED BY PERSON WHO ACTUALLY TOOK CHECK:			
Your Name:		Your Phone Number:	
Your Home Address:			
Description of Passer: Race _____ Age _____ Sex _____ Facial Hair _____			
Height _____ Weight _____ Hair Color _____ Hair Length _____ Eyeglasses _____			
Scars/Marks/Tattoos _____ Other _____			
Name Given to You by Passer:			
Passer Claimed Employment At:			
Phone Number Given to You by Passer:			
Address:			
Passer's Driver's License #:	State:	Other ID Used:	
Automobile Involved: Make _____ Model _____ Color _____ Plate # _____ State _____			
Description of Person(s) who Accompanied Passer (if any):			
Name of other person(s) who witnessed the transaction and phone number where they can be reached:			

PLEASE CIRCLE THE PROPER RESPONSE:			
Do you recall the transaction and/or what was purchased?	YES	NO	
Was the Passer known to you?	YES	NO	If yes, how?
As the person who accepted the check, can you identify the Passer?	YES	NO	If yes, how?
What did the Passer obtain in exchange for the check:	Credit for a Bill	Services	Cash (Amount \$) Merchandise
Describe:			
Was the check post dated and/or did the Passer ask you to hold the check to a future date?	YES	NO	
Did you see the Passer write the check and/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 so, what?			
THIS SECTION TO BE COMPLETED BY PERSON MAKING REPORT:			
Please detail what steps you or your employees have taken to contact the suspect and/or recover your loss:			
Was the Passer contacted?	YES	NO	If so, by who?
When?	Where?		
Result:			
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	Personal Service	
If not served, why?			
Do you feel you have exhausted your ability to collect this check?	YES	NO	
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, 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 Prosecutor of the Stratham Police Department who will take into account numerous factors including what evidence exists of intent to defraud, 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 make restitution. If a criminal case cannot be proven, the check will be returned to you upon request.

I hereby understand and agree that the information contained in this document is to 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 OR PARTIAL RESTITUTION WITHOUT** notifying the Stratham, NH Police Department.

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

Person Making Report (Print Name)

Person Making Report (Signature)

Date

SAMPLE "14 DAY" LETTER

(DATE)

(NAME)

(ADDRESS)

(CITY, ST, ZIP)

RE: Check # ()

Dear _____

On (date), you issued the above referenced check in the amount of \$_____ drawn on the _____ Bank for _____. That check was returned to me by said bank on (date), marked _____.

This letter is to inform you that in accordance with New Hampshire RSA 638:4, you have fourteen (14) days from the receipt of this letter to pay the amount of the check, the returned check fee for \$20.00 and any other costs and protest fees. If you fail to do so, we will initiate prosecution for the offense.

Please clear up this matter within the fourteen (14) day period. Thank you for your prompt attention to this matter.

Sincerely,

(Signature)

CERTIFIED MAIL # _____