

DATA SHEET
NSF / ACCOUNT CLOSED CHECKS

INSTRUCTIONS:

1. Checks older than 120 days will not be accepted for prosecution.
2. A “check” is the original copy of the check returned to you by the financial institution.
3. Checks are accepted for criminal prosecution only and are not returned if prosecution is initiated.
4. This report must be filled out legibly and in its entirety - **please print or type**.
5. 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.
6. A 5-day statutory demand notice must be sent to the passer in each check case by certified mail with restricted delivery to addressee only. In the event it is a company check, the agent for the company may sign. In addition, you should attempt to make personal “face to face” contact with the passer concerning the check, and document your efforts. Do not submit a check in 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 pay off the check at some future date. Please complete one form for each check submitted.
7. Submit with this form the original check copy, a copy of the bad check notice you sent and the post office receipt return showing its delivery or non-delivery.
8. This form must be signed by the person in position of responsibility, e.g., manager, owner, etc.
9. Please return this form and the required documentation to the law enforcement office from which it was originally obtained.

REPORT OF RETURNED CHECK

A. Background Information

1. Business Name: _____ Phone #: _____
Physical Address: _____
Mailing Address: _____

2. Name of person making report: _____
Date of Birth: _____ Phone #: _____
Mailing Address: _____
Physical Address: _____

3. Have you successfully served a 5-day statutory bad check notice on the passer: YES NO

B. Check Information

1. Check # : _____ Date check was accepted: _____
Amount of check: \$ _____ Amount of bad check fee: \$ _____

2. Name of the person who presented the check: _____

C. The employee who actually accepted the check must complete the next section

1. Your name: _____
Date of birth: _____ Phone #: _____
Your Physical Address: _____
Your Mailing Address: _____

2. Description of person passing the check: _____

3. Name given by the passer: _____
Address & Phone #: _____

4. Did you know the passer: YES NO If YES, how? _____

5. Can you identify the passer: YES NO If YES, how? _____

- 6. Did you see the passer write the check? YES NO
- 7. Did you see the passer endorse the check? YES NO
- 8. Did you initial, mark upon or write upon the check at the time you accepted it? YES NO

D. This section must be completed by the person making the report.

Please explain what steps you or your employees have taken to contact the suspect and/or recover your losses: _____

NOTE:

Please indicate anything on the next page of this form that you feel would help in locating and prosecuting this person. 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 consideration 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 collect debts. If you report this defendant to law enforcement for the purpose of prosecution, you cannot drop the charge if s/he offers to pay the check. If a criminal case cannot be proven and is declined, the original check copy will be returned to you upon written request.

ACKNOWLEDGEMENT:

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 Court. I also understand and agree that this check is being submitted for criminal prosecution and that once criminal prosecution is initiated, 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 Victim Witness Coordinator at the Office of the District Attorney, at (207) 564-2181.

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

Date: _____

Signature of Person Making Report

Printed Name of Person Making Report

