

CASE # \_\_\_\_\_

# DERRY POLICE DEPARTMENT

## BAD CHECK INITIAL INFORMATION FORM

Please complete the following when reporting a bad check.

### PERSON MAKING REPORT:

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

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

Telephone #: \_\_\_\_\_

### PERSON OR BUSINESS THE CHECK WAS MADE PAYABLE TO:

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

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

Telephone #: \_\_\_\_\_

### PERSON WHO ISSUED THE CHECK:

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

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

Telephone #: \_\_\_\_\_

The person who passed the check must be sent a certified letter, return receipt, informing him/her that the check was not honored, giving him/her 14 days to pay the check in full.

HAS THE PASSER HAD ANY CONTACT WITH YOU? \_\_\_\_\_

WAS THE CERTIFIED LETTER SENT AND SIGNED BY THE PASSER? \_\_\_\_\_

PERSON WHO ACCEPTED THE CHECK: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_

WHERE WAS THE CHECK ACCEPTED? \_\_\_\_\_

The person who accepted the check must be able to identify the passer and be available to testify in court.

# DERRY POLICE DEPARTMENT

## ACCEPTANCE OF BAD CHECK QUESTIONNAIRE

The following questionnaire must be completed by an individual who has received a bad check and who requests criminal prosecution by this department.

1. Has a certified letter been sent to the last known address of the writer of the check stating that the check was not honored, and payment is due within 14 days of receipt of the certified letter?  
☐ YES ☐ NO
2. Has the certified letter receipt been kept with the check?  
☐ YES ☐ NO
3. Was the check presented to the bank within 10 days of being received or in the case of a post dated check within 10 days on the check?  
☐ YES ☐ NO
4. Can you provide the date and time the check was passed, who accepted the check, and can that person identify the passer of the check?  
☐ YES ☐ NO
5. Was some form of identification used to identify the passer of the check and was the type and number of the identification recorded on the check?  
☐ YES ☐ NO
6. Does the amount of the check exceed \$50.00 or do other checks passed by the same person or from the same account, exceed \$50.00? ☐ YES ☐ NO passed within 10 days of one another in Derry
7. Do you know what services? ☐ YES gen- ☐ NO eral items were purchased; i.e. cash, goods, or
8. Was the check re- ☐ YES ☐ NO turned for "stop payment"?
9. Is the check a third ☐ YES party ☐ NO check?

In addition to the foregoing you must agree to:

1. Go forward with prosecution.
2. Not accept partial payment of the check.
3. Make available to this department all employee's records and documents necessary to the successful prosecution of the case.

It is your responsibility to provide this department with the names of any additional witnesses or persons who had similar checks on the same person or account when aggregating checks to meet the requirements of this policy.

If you have not met the requirements of this policy, the check will not be accepted for criminal prosecution by this department. If your check is not accepted by this department, you may pursue the matter in small claims court. This is a civil action which can be arranged by contacting the 10th Circuit Court - District Division - Derry at 434-4676 or in person, at 1 Courthouse Lane, Derry, New Hampshire.

**WARNING:** A person commits the crime of unsworn falsification if with the intent to deceive a public servant in the performance of his/her duty, the person makes any written false statement which he/she knows is not true. Making unsworn falsification is a misdemeanor, RSA 641:3.

SIGNATURE

DATE