

DATE RECEIVED \_\_\_\_\_

FELONY \_\_\_\_\_

OFFENSE \_\_\_\_\_

CLASS A \_\_\_\_\_ B \_\_\_\_\_

CONTROL# \_\_\_\_\_

POLICE DEPARTMENT USE ONLY: MAKE NO MARKS ABOVE THIS LINE

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INSUFFICIENT FUNDS/ACCOUNT CLOSED CHECKS  
DATA SHEET

INSTRUCTIONS: PLEASE FOLLOW CAREFULLY

1. o **No** checks under five hundred dollars and one cent (\$500.01) will be accepted for investigation.
  - o If you have a check under \$500.01 please fill out part III on page 4 of this package and return it to the Portsmouth Police Department, 3 Junkins Avenue, Portsmouth, NH 03801, Attn: Fraud Unit.
  - o The information will become part of a database file that tracks individuals who are writing a number of bad checks. The Fraud 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 been post dated; that the complainant accepted and held for a period of time before cashing at the request of the writer; 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 payments, 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 Portsmouth 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 Portsmouth 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 Portsmouth Police Department.
13. For felonies, contact Portsmouth Police Detective Division at 436-2511 and schedule an appointment with a Fraud Detective or return the completed package and supporting evidence to: Portsmouth Police Department - Fraud Unit, 3 Junkins Ave., Portsmouth, NH 03801.
14. If you develop any questions in completing this form, please feel free to call for assistance at 436-2511.

**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? \_\_\_\_\_

\_\_\_\_\_  
If not served, the reasons 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 Portsmouth 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 Fraud 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 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:

**Portsmouth Police Department  
Bureau of Investigative Services  
3 Junkins Avenue  
Portsmouth, NH 03801**

**Fraud Section: 436-2511**

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: \_\_\_\_\_