

DOVER POLICE DEPARTMENT

Bad Check Acceptance Package

As part of our efforts to support the citizens and businesses of our community, the Dover Police Department has instituted a procedure where recipients of misdemeanor bad checks may file a report through the mail rather than await the response of a police officer. This process will make the reporting of bad check offenses easier for the victim, and will not jeopardize the investigation of the offense by the police.

As part of this process, we have revised our acceptance criteria so that we now will accept checks that previously did not meet our time or value requirements. As a general statement, we will accept for prosecution checks from \$10.00 to \$500.00 dollars via the report by mail process. For claims over \$500.00, we ask that the Police Department be called so an officer can be sent to investigate.

The next two pages of this document set forth further criteria for the acceptance of checks by us. These criteria exist because certain legal steps must have been taken for us to continue with court action. Please take a minute to review these requirements prior to taking the next step.

Once you have determined that your check meets the requirements for acceptance by us, you will have to complete pages 4 and 5 of this package. These forms must be filled out completely. Please attach the original check as well as a copy of the registered letter [and the original registered letter receipt] these are items of evidence and must be present to successfully prosecute the case.

If after review of the paperwork received, additional information is required, someone from the Police Department will contact you. Once the case is processed and the defendant has appeared in court, the prosecutor's office will notify you by mail as to the disposition of the case. If the defendant requests a trial, the employee who accepted the check will be subpoenaed and required to appear at the Dover District Court.

Please begin by answering the following questions. If you answer NO to any of these questions, then your check does not meet the requirements for acceptance

1. A certified letter, with return receipt, has been sent to the last known address of the writer of the check stating that the check was not honored?

YES _____ NO _____

2. Has at least 14 days gone by since the writer of the check signed for receipt of the letter?

YES _____ NO _____

3. Was the check presented to the bank within 10 days of being received?

YES _____ NO _____

4. Can you provide the date and time the check was passed and the name of the person that accepted the check?

YES _____ NO _____

5. Can that person identify the passer of the check?

YES _____ NO _____

6. 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 _____

7. Does the amount of the check exceed \$10.00?

YES _____ NO _____

8. Do you know what general items were purchased; i.e. cash, goods, or services?

YES _____ NO _____

9. Is the check less than 90 days old?

YES _____ NO _____

In addition to the above requirements, checks will not be accepted under any of the following circumstances.

- The check was accepted in payment for another bad check from the same person?
- When accepted, the writer was allowed to postdate the check.
- When accepted, the writer requested that the check not be cashed for a period of time.
- The check was returned as the result of a “stop payment” request by the writer
- The check is a third party check.
- The check was written as a result of an unlawful transaction.

If you have not met the requirements of this policy, the check will not be accepted for criminal prosecution by this department. If this department does not accept your check, you may pursue the matter in small claims court. This is a civil action, which can be arranged by contacting the Dover District Court at 742-7202 or in person.

If your check meets these requirements, please complete and return the following report form.

DOVER POLICE DEPARTMENT

BAD CHECK REPORT BY MAIL

Business/Victim Name: _____ DOB: _____

Address: _____

Telephone: Business _____ Home _____

Date Document Passed: _____ Time Passed: _____

Name of Person Accepting Document: _____

Address: _____

Telephone: Business _____ Home _____

Can Suspect be identified? _____

By Whom? _____

Name of Witness: _____ DOB: _____

Address: _____

Telephone: Business _____ Home _____

This section for Police use only.

CFS# _____ Date: _____ UCR: _____

Status: U _____ E _____ A _____ Summons issued: _____

Arrestee: _____ Age: _____ Sex: _____

Race: _____ Residence: _____ Date of Arrest: _____

Victim notified of action: _____

SUSPECT INFORMATION

Name of Suspect: _____

Address: _____

Telephone: _____ Date of Birth: _____

Employer: _____

Suspect Description: Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Build: _____ Glasses: Y__N__

Clothing Description: _____

Other: _____
(E.g., check cashing application)

DOCUMENT INFORMATION

Type of Document: _____

Date of Document: _____ (must be within past 90 days)

Document Number: _____

Firm Name or Personal Name(s): _____

Bank Drawn on: _____

Account Number: _____

Payable to: _____

Signature on Face: _____

Reason Check not honored: _____

Amount: _____ (Must be \$10.00 or more)

Other restitution: (Return fee, etc.) _____

INVESTIGATIVE INFORMATION

ALL CATEGORIES MUST BE COMPLETED BY THE REPORTING PERSON

- **Certified Letter:** Date Sent: _____ Date Returned: _____

Copy Attached: Y _____ N _____ Receipt Attached: Y ___ N _____

- **Date Check Presented:** _____

Date Check Returned, Payment Refused: _____

- **Identification Accepted from Suspect**

NH License, etc. _____ (Attach photocopy if available)

Other: _____ (Save copy of video, etc.)

- **Describe Goods or Services Purchased with Check:**

- **Narrative Section:** Describe any circumstances surrounding the acceptance of the document. Include statements made by the suspect, other persons present or any other information, which may assist in the prosecution of this case. Be as specific as possible.

I certify that I will agree to go forward with and assist in the prosecution of this matter if an arrest is made. I further agree not to accept any restitution in this matter, except as ordered by a court, and to make available to the Dover Police Department any employees, papers, records, or documents necessary to prosecute this matter.

Signature of Reporting Person

Date

Please include originals of all documents. Make copies for your records.