

**LONDONDERRY POLICE DEPARTMENT
LONDONDERRY, NEW HAMPSHIRE**

Date Received: _____ OFFICER ASSIGNED: _____

Type of Offense: _____ Case No: _____

↓ *POLICE USE ONLY: MAKE NO MARKS ABOVE THIS LINE* ↓

DATA SHEET

INSUFFICIENT FUNDS (ISF)/ACCOUNT CLOSED CHECKS

INSTRUCTIONS: Please follow carefully
PART I

1. Checks older than sixty (60) days from date of processing will not be accepted for prosecution.
2. Checks are accepted for criminal prosecution only, and are not returned if prosecution is initiated.
3. This entire report must be completed legibly. Please print or type.
4. 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.
5. Post dated checks, or checks which you agreed to hold before depositing cannot be prosecuted.
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 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 prosecution even if 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 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 or responsibility, (i.e., manager, cashier, owner, etc.)
9. Please return the form and required documents to the Londonderry Police Department.

TO BE COMPLETED BY PERSON MAKING REPORT

1. Please detail what steps have you or your employer taken to contact the suspect and/or recover your loss?
 - a. Was the passer contacted? _____
 - b. By Whom? _____
 - c. When? _____
 - d. Where? _____
 - e. Result? _____

2. Has the passer attempted to make restitution? If so, please detail: _____

3. Have you successfully served a fourteen (14) day Statutory Bad Check Notice on the passer? Yes___ No___
If Yes, how? Certified Mail or Personal Service? _____

If not served the reason why? _____

4. Do you feel that you have exhausted your ability to collect this check?
Yes___ No___

5. Do you feel that the passer of the check intended to defraud you when he/she passed the check? Yes___ No___

6. 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 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 necessary bank records.

REPORT

PART II

1. Your Business Name: _____
2. Business Address: _____
_____ Business Phone: _____
3. Person Making Report: _____
Job Title: _____
Home Address: _____
_____ Home Phone: _____
4. Full Address of Business, Branch, Place where check was accepted:

5. Check No.: _____ Date Check was Accepted: _____ Amount: _____
6. Name of person who presented the check: _____

****THE NEXT SECTION MUST BE COMPLETED***

BY THE PERSON WHO ACTUALLY TOOK THE CHECK*

1. Your Name: _____
2. Home Address: _____
_____ Zip Code: _____
3. Your Home Phone: _____
4. Description of Passer:
 - a. Race: _____ b. Age: _____
 - c. Sex: _____ d. Height: _____
 - e. Weight: _____ f. Hair Color: _____
 - g. Hair Length: _____
 - h. Name Given to You by Passer: _____
 - i. Passer Claimed Employment at: _____
 - j. Phone Number Given You by Passer: _____

- k. Address: _____
- l. Passer's Driver's License No.: _____ State: _____
- m. Other ID used: _____
- n. Any other info (i.e., scar, tattoo, etc.): _____

5. Description of automobile involved (if any):
- a. Make: _____ b. Model: _____
- c. Color: _____
6. License No.: _____ State: _____
7. Description of person or persons who accompanied the passer (if any): _____

8. Name of other person(s) who witnessed the transaction and a phone number at which they can be reached: _____

PLEASE MARK 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___
- b. Services? Yes___ No___
- c. Cash? 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 so, what? _____

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 pay the check. If a criminal case cannot be proven, the check will be returned to you upon request.

I hereby understand and agree to all 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 WITHOUT notifying

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

SIGNATURE OF PERSON MAKING REPORT

DATE