

THORNTON POLICE DEPARTMENT

Bad Check by Mail Packet (RSA 638:4)

As part of our efforts to protect the citizens and businesses in our community, the Thornton Police Department has put together a process where recipients of certain dishonored checks may file a report through the mail rather than in person with a police officer. This process should make the reporting of bad checks easier for some victims. This process does not supplant your right to file a complaint in person.

As part of this process, we have revised our acceptance criteria so that we can accept complaints for dishonored checks that previously may not have met requirements for criminal investigation. In general, we will pursue, for criminal prosecution, dishonored checks for amounts totaling up to \$1,000 dollars via this report by mail process. In cases of dishonored check(s) totaling over \$500 tendered by a single individual, or if you have information that leads you to reasonably believe that your dishonored check is but one in a series of dishonored checks tendered by the same individual to several different persons, we ask you to call the Police Department so that an officer can be assigned for further investigation.

The next three pages in this packet contain a sample demand letter and set forth some of the criteria for the acceptance of dishonored checks for criminal prosecution by this Department. These criteria were established because we must meet certain legal requirements in order for this Department to successfully conclude a bad check case in court. Please take a minute to review these requirements before you take the next step.

Once you have determined that your case does meet the qualifications for acceptance by this Department, you will have to complete pages 5, 6, and 7 of this packet. These forms must be filled out completely. Please attach the original returned check as well as a copy of your demand letter and the original registered letter receipt. These items will then become evidence and must be authenticated in order to successfully prosecute your case. If, after a review of your paperwork, additional information is required, someone from this Department will contact you.

Once the case is accepted and the defendant has appeared in court, we will notify you of the disposition of your case. However, if the defendant requests a trial, the person who accepted the check will be subpoenaed and required to appear and testify at the Circuit Court.

Please bear in mind that this Department is not a private collection agency. Once the decision is made to prosecute the case, a warrant for the arrest of the issuer will issue, the charge(s) will be filed, and our prosecutor will prosecute that charge(s) in accordance with the law. Your receipt of repayment after the fact will not, in most cases, constitute adequate grounds to terminate the prosecution of the case. Your commitment to the case must extend to its final conclusion.

[letterhead]

date: _____

RETURNED CHECK NOTICE

Drawer: _____

Address: _____

City/ST/ZIP: _____

RE: bad check, acc # _____

Check Amt: \$ _____

Bank Charge: \$ _____

Add Fees: \$ _____

Total Due: \$ _____

To _____:

On _____, you tendered your Check # _____ drawn on the _____
_____ in the amount of \$ _____ to _____.

This check was returned for INSUFFICIENT/UNCOLLECTIBLE funds. The uttering of a bad check is a crime under New Hampshire law.

Pursuant to RSA 638:4 (III), demand is hereby made upon you for payment in full within fourteen (14) days of your receipt of this notice, plus

\$ _____ for returned check and protest fees.

If you fail to make the required payment hereunder or any other acceptable arrangement for repayment, this matter will be forwarded to the appropriate authorities for criminal prosecution. Once that occurs, the matter will be handled directly by that authority and your repayment (after the fact) will not terminate the criminal prosecution.

Thank you for your cooperation in this matter.

Sincerely,

NOTE: This notice does not represent an attempt to collect on a debt. This notice is required by state law in accordance with RSA 638:4.

Sent via certified & 1st class mail # _____ restricted del.

Date dispatched: _____

**Please answer the following questions, follow these steps,
and provide the requested documentation:**

1. Can you document the date and time the dishonored check(s) was tendered and the name of the person who accepted the check(s)?

YES _____ NO _____

2. Is there someone who can identify the person who tendered the check?

YES _____ NO _____

3. Did the issuer identify him/herself with some form of identification document and was that identification information documented or recorded?

YES _____ NO _____

4. Is the amount of the dishonored check less than \$1,000.00?

YES _____ NO _____

5. Can you confirm or document what item(s) were purchased; i.e. cash, goods, or services?

YES _____ NO _____

6. Was the check presented to a financial institution for payment within 10 days of receipt?

YES _____ NO _____

7. Has a certified letter, with return receipt, been sent to the last known address of the issuer of the check stating that the check was not honored and demanding payment?

YES _____ NO _____

8. Have at least 14 days gone by since the issuer of the check signed for receipt of the letter?

YES _____ NO _____

9. Since the elapsed 14 days have you received payment in full or accepted some in part?

YES _____ NO _____

10. Is the check more than 90 days old?

YES _____ NO _____

Bad checks will not be pursued criminally under any of the following circumstances.

- The dishonored check(s) was accepted as full or partial payment for another dishonored check(s) from the same person.
- The issuer was allowed to postdate the check.
- The issuer requested that the check not be cashed for a certain period of time.
- You agreed that you would hold or not cash the check for a certain period of time.
- The check was returned as the result of a “stop payment” requested by the issuer.
- The check is a third party check.
- The check was refused for payment by the drawee bank through no fault of the issuer.
- The check was tendered in furtherance of an unlawful transaction.

If you have not met the requirements of this policy, your dishonored check can not be accepted for criminal prosecution by this Police Department. Non-acceptance by this Police Department does not mean that you have no remedy. You still retain the right to file a claim in a civil court. A civil action can be initiated by filing in the appropriate court or retaining an attorney to assist you.

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

POLICE DEPARTMENT

BAD CHECK REPORT BY MAIL

Business/Victim Name: _____ DOB: _____

Address: _____

Telephone: Business _____ Home _____ cell _____

Date check tendered: _____ Time Passed: _____

Person who received/Accepted check: _____

Address: _____

Telephone: Business _____ Home _____ cell _____

Can the receiver identify the issuer? _____ yes _____ no

By Whom? _____

Name of Witness: _____ DOB: _____

Address: _____

Telephone: Business _____ Home _____ cell _____

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: _____
(i.e. credit application, video capture, vehicle information)

DOCUMENT INFORMATION

Type of Document: _____

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

Document Number: _____

Name or Name(s) on document: _____

Bank Drawn on: _____

Account Number: _____

Payable to: _____

Signature on Face: _____

Reason Check not honored: _____

Amount: _____ (Must not be more than \$1,000.00)

Other restitution: (Return fees, 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 Tendered:** _____

Date Check Returned or Payment Refused: _____

• **Identification Accepted from Suspect**

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

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

• **Describe goods / services purchased with check:**

• **Narrative Section:** Describe any other circumstances surrounding the acceptance of the document including statements made by the issuer, other person(s) present or any other information, which may assist in the prosecution of this case. No detail is insignificant. Be as specific as possible.

I agree that I will agree to go forward with, and actively assist in, the prosecution of this matter in the event 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 Police Department any employees, papers, records, or documents necessary to prosecute this matter.

Signature of Reporting Person

Date

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