



BAD CHECK CRIME REPORT

12/16/01

FRANK R. WEATHERSBEE
ANNE ARUNDEL COUNTY STATE'S ATTORNEY

FILE REPORTS BY MAIL TO: 626-C ADMIRAL DRIVE, PMB 104, ANNAPOLIS, MD 21401
(postal address only)

VICTIM HOTLINE: (888) 440-1798 • REFER CHECK WRITERS TO: (888) 440-1811

DATE RECEIVED :

REPORT #:

PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK AND SIGN BELOW

- 1. Was check post-dated at time of acceptance? Yes No
- 2. Was check received in the mail? Yes No
- 3. Were you asked to hold or delay depositing the check (s)? Yes No
- 4. Does this matter involve a two-party check? Yes No
- 5. Does the check involve an extension of credit? Yes No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the State's Attorney. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all boxes were checked "NO", please complete this report, date and sign it and forward to the above mailing address.

Prior to submission, a "Demand for Payment" MUST be sent to the check writer (see sample notice on reverse side) .
On what date did you send notice? _____. Please attach documentation.

1 SUSPECT	Check writer's full name as written on check				
	Address (s)				
	City	State	Zip	Home Phone #	Other Phone #

Staple Documents Here	Driver's License #	State	Expiration date	Other ID
	How did you obtain the check writer's identification ?		Was the check handed to you by someone other than check writer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Police Report (# _____)	Name:	
	<input type="checkbox"/> Check Cashing Card	<input type="checkbox"/> Other _____	Address:	

2 CHECKS	Check #	Date Received	Amount	What was check for ?	Person Accepting Check	Can person ID check writer ?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
List Additional Checks On Another Form And Attach						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

3 VICTIM	Victim / Firm Name			Phone
	Victim Address		City	State Zip
	Name of person filing			Phone
	Address where check was accepted if different from the above address			

I understand that I must **NOT** accept restitution from the check writer after filing this report with the Bad Check Program. Initial here _____

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person FilingPrint NameDate Filed

FILING THE BAD CHECK CRIME REPORT:

Victims of bad checks may file a report with the Anne Arundel County State's Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The State's Attorney's Office will seek full restitution for victims wherever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. "Restitution" refers to the face value of all checks listed in the report, along with a surcharge of \$35 per check assessed pursuant to Maryland law.

- A. **FILL OUT FORM COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "DEMAND FOR PAYMENT", "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES).** **COPY ALL INFORMATION FOR YOUR RECORDS.**
- B. Mail this form directly to the Anne Arundel County State's Attorney's Bad Check Restitution Program (address listed below).
- C. Once a report has been filed: **ALL restitution payments must be coordinated by the State's Attorney's Office.** Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (888) 440-1811.

AFTER FILING:

- A. If you do not receive restitution within 60 days, contact the State's Attorney's Bad Check Restitution Program.
- B. If restitution is not received from the check writer, your report will be evaluated for criminal prosecution.
- C. **IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL A TRIAL DATE HAS BEEN SET BY THE COURT.** This office will retain all checks as a matter of official record. If for some reason the complaint is not prosecutable, the check (s) will be returned at your request for civil collection purposes.

SAMPLE "DEMAND FOR PAYMENT NOTICE"

Date

Dear Check Writer:

You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$35.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State's Attorney for criminal prosecution.

Closing,

Your name / address

MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:

ANNE ARUNDEL COUNTY STATE'S ATTORNEY'S BAD CHECK RESTITUTION PROGRAM

626-C ADMIRAL DRIVE, PMB 104, ANNAPOLIS, MD 21401

www.checkprogram.com/annearundel