



Instructions for Completing Your Boardman Police Department Passing Bad Checks Information and Reporting Packet

JURISDICTION: Before proceeding, make sure the Boardman Police Department has jurisdiction in your case. Jurisdiction is determined by the place where the dishonored check was received. If the check was received within the Boardman Township limits, then the Boardman Police Department will have jurisdiction to investigate your case, and you can proceed with the following instructions. If not, the Boardman Police Department cannot handle your case and you need to contact the police department that has jurisdiction. If there is a question regarding whether the Boardman Police Department has jurisdiction in a particular incident, please call 330-726-4144 for assistance.

ELIGIBILITY: This procedure may be used *only* for checks returned due to non-sufficient funds or closed accounts. If you learn that the check you received is a counterfeit or forged document, please contact the Boardman Police Department, and an officer will be sent to take the report. *Do not* use the Passing Bad Checks Information and Reporting Packet for counterfeit or forged checks.

PROCEDURE:

1. Obtain a Passing Bad Checks Information and Reporting Packet by going to the front lobby of the Boardman Police Department or by printing the forms from the Boardman Police Department web-site. If you obtain the packet at the police department, it will consist of:
 - a. Yellow 9 x 12 envelope labeled "Boardman Police Department Passing Bad Checks Information and Reporting Packet."
 - b. Instruction for Completing Passing Bad Checks Information and Reporting Packet.
 - c. Report of Passing Bad Checks (2 pages).
 - d. Witness Statement & Statement Continuation Forms
 - e. Dishonored Check 10-Day Demand Letter (**for non-sufficient funds checks only**)
 - f. Clear plastic document envelope for the bad check.

NOTE: If you obtain the forms from the web-page, you will need to supply the 9 x 12 envelope (item "a") and a plain white letter-size envelope for the check (item "f").

2. Place the *original* returned check in the clear document envelope that was included in the packet, or in a plain white letter-size envelope if you obtained the forms from the web-site. This is *physical evidence* for use in any subsequent prosecution.
3. Only if the check was returned for non-sufficient funds (NSF), send a certified letter, return receipt requested, to the check writer (one for each check). A form letter is included in the packet for your use. If you use your own letter format, it must contain the essential elements of the form letter to provide sufficient legal notice for prosecution. When filing your

package, enclose the green return receipt, along with a copy of the letter sent to the check writer. Again, this is necessary evidence for any subsequent prosecution. **If the check was returned for any reason other than NSF, *omit* this step.**

4. Complete the Report of Passing Bad Checks in its entirety. If you have any questions, please contact the Boardman Police Department during regular business hours, Monday through Friday, at (330) 726-4144, and ask to speak to Detective Switka or Detective Stepuk. If they are not available, leave message and they will return your call.
5. Return the completed Passing Bad Checks Information and Reporting Packet with all documents to the Boardman Police Department in person or by regular mail to:

**Boardman Police Department
8299 Market St.
Boardman, OH 44512
Attention: Detective Division/Passing Bad Checks**

Thank you very much for your cooperation. Should you have any questions, do not hesitate to contact the Boardman Police Department at (330) 726-4144.

10-DAY DEMAND LETTER
CHECK RETURNED FOR NON-SUFFICIENT FUNDS

To: _____
Name of Person who Issued Check

Street Address

Apartment, Unit, or Lot No.

City, State, Zip Code

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

You are hereby notified that a check, numbered _____ in the face amount
Check Number
of \$ _____, issued by you on _____, 20____, drawn
Amount of Check Date of Check
upon _____ and made payable to
Name of Bank
_____ has been dishonored and was returned for
Name of Payee on Check

having non-sufficient funds (NSF) on deposit to cover the check.

Pursuant to Ohio law, you have 10 days from receipt of this notice to make payment of the full amount of this check. Unless this amount is paid in full within 10 days, we will refer the dishonored check and all other available information relating to this incident to the Boardman Police Department for criminal prosecution under Ohio Revised Code § 2913.11 Passing Bad Checks.

Arrangements to make full payment on the check and any additional service charges must

be made by contacting _____ at _____
Authorized Representative Phone Number

Sincerely,

Signature/Title

Business Name

Street Address

City, State, Zip Code



For official use only
BPD Case No.

BOARDMAN POLICE DEPARTMENT REPORT OF PASSING BAD CHECKS

WITNESS: PERSON WHO ACTUALLY ACCEPTED THIS CHECK			
Name (Last, First, Middle):	Race:	Sex:	Date of Birth:
Home Address (Street Address, City, State, Zip Code):			Home Phone:
Employer Name and Address:			Business Phone:
:			
TIME AND PLACE OF OCCURRENCE: WHEN AND WHERE THIS CHECK WAS ACCEPTED			
Date Received	Time Received	Location (Address)	
:			
VICTIM: PERSON OR BUSINESS THAT RECEIVED THIS CHECK AS PAYMENT			
Name (Last, First, Middle):	Race:	Sex:	Date of Birth:
Home Address (Street Address, City, State, Zip Code):			Home Phone:
:			
Employer Name and Address:			Business Phone:
:			
Business Name:	Address:		Phone
:			
REPORTING PERSON (PERSON MAKING THIS REPORT IF OTHER THAN VICTIM)			
Name:	Race:	Sex:	Date of Birth:
Home Address (Street Address, City, State, Zip Code):			Home Phone:
:			
Employer Name and Address:			Business Phone:
:			
Relationship to Victim or Business that Received Check (Job Title if Business)			
:			
CUSTODIAN OF BUSINESS RECORDS (IF OTHER THAN PERSON RECEIVING THE CHECK).			
Name:	Race:	Sex:	Date of Birth:
Home Address (Street Address, City, State, Zip Code):			Home Phone:
:			
Employer Name and Address:			Business Phone:
:			

EVIDENCE: DESCRIPTION OF CHECK									
Check No.:	Amount of Check: \$	Date of Check:	Signature on Check:						
Bank:			Account No.						
Account Name:			Address:				Phone No.		
Check Received for: <input type="checkbox"/> Payment on Account/Debt <input type="checkbox"/> Rent <input type="checkbox"/> Wages <input type="checkbox"/> Cash <input type="checkbox"/> Merchandise or <input type="checkbox"/> Services			Date Check Returned:			Reason for Return:			
SUSPECT: DESCRIPTION OF PERSON WHO PASSED CHECK:									
Race:	Sex:	Age:	Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:	Glasses:	Compexion:
Scars, Marks, Tattoos, or Identifying Characteristics					Clothing Description:				
ID Shown:	Driver License or ID No.			State:	Vehicle Description (Make, Color, Type, License No. & State)				
NOTICE: 10-DAY DEMAND LETTER SENT									
Date Sent:		Sent to (Name and Address):)							
Return Receipt No.			Date Delivered:			Receipt Signed by:			
INVESTIGATIVE CHECKLIST (PLEASE ANSWER EACH QUESTION):									
1	Was the date written on the check for a date <i>after</i> the day the check was delivered? (Postdated) -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Were you asked to hold or delay deposit or did you have reason to believe there were no funds? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you received a bad check from this person before? If yes, how many times? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Did you deliver property (merchandise) when the check was delivered to you? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
5	If the check was for services, were the services given after the check was delivered? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Did check writer deliver the check personally? If no, and not received by mail, give the name and address of person who delivered the check on the back of this form. -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Was the check sent by mail? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Did check writer sign an order or contract for which the mailed check was payment? If yes attach. -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Did you see the check writer write or sign the check? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Did you initial the check when accepting the check? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Can you identify the check writer from memory? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Was the driver's license #, state ID #, or check-cashing card # recorded on the check when it was received? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
	Attach copy of any check-cashing card, and if a copy was made, copy of the DL or ID.								
13	Did you determine that the photo on the DL or ID was the same person who signed the check? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Is there another way of proving who wrote the check? If yes, describe in an attached statement. -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Was a certified letter mailed to the check writer? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, attach a copy of the letter, green postcard Form 3811. If returned, attach the envelope and letter. -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you have proof that the check writer was engaged in a scheme to defraud beyond the fact that there were insufficient funds in the account or that the account was closed? -----								Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, attach a statement explaining this proof in detail.								
17	I will testify in court and prosecute criminally. -----								Yes <input type="checkbox"/> No <input type="checkbox"/>

The information contained in this report is true and correct to the best of my knowledge.

Signature of Person Completing Report _____

Printed Name _____ Date _____

8299 Market Street
Boardman, Ohio 44512

(To be completed by the *person who accepted the check* that was dishonored)

Describe the facts and circumstances involved in your acceptance of the dishonored check. Please be sure to answer the following questions: When and where did you accept the check? Was it in person or by mail? Did you see the person write or sign the check? Did you know the person? How? Can you identify the check writer from memory? What identification did the person show? Did you determine that the photo on the ID was the person giving you the check? Did you record the driver's license, check cashing card, or other ID number on the check? Did you initial the check when you accepted it? Was the date on the check correct or was it post-dated (written for a future date)? Did the person ask you to hold or delay depositing or cashing the check? Did the person give you any reason to think the check was no good? Have you ever accepted a bad check from this person before? Why was the check written (payment for merchandise or services, payment on account, etc.)

[illegible]

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8299 Market Street
Boardman, Ohio 44512

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Boardman, Ohio 44512

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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