



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. Instruction for Completing Passing Bad Checks Information and Reporting Packet.
 - b. Report of Passing Bad Checks (2 pages).
 - c. Witness Statement & Statement Continuation Forms
 - d. Dishonored Check 10-Day Demand Letter (**for non-sufficient funds checks only**)
2. Place the *original* returned check or a certified bank copy with the forms you have filled out. 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)
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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:	Complexion:
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 *after* the day the check was delivered? (Postdated) --- Yes No
- 2 Were you asked to hold or delay deposit or did you have reason to believe there were no funds? -- Yes No
- 3 Have you received a bad check from this person before? If yes, how many times? ----- Yes No
- 4 Did you deliver property (merchandise) when the check was delivered to you? ----- Yes No
- 5 If the check was for services, were the services given after the check was delivered? ----- Yes No
- 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 No
- 7 Was the check sent by mail? ----- Yes No
- 8 Did check writer sign an order or contract for which the mailed check was payment? If yes attach. ----- Yes No
- 9 Did you see the check writer write or sign the check? ----- Yes No
- 10 Did you initial the check when accepting the check? ----- Yes No
- 11 Can you identify the check writer from memory? ----- Yes No
- 12 Was the driver's license #, state ID #, or check-cashing card # recorded on the check when it was received? ----- Yes No
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 No
- 14 Is there another way of proving who wrote the check? If yes, describe in an attached statement. ----- Yes No
- 15 Was a certified letter mailed to the check writer? ----- Yes No
If yes, attach a copy of the letter, green postcard Form 3811. If returned, attach the envelope and letter. ----- Yes No
- 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 No
If yes, attach a statement explaining this proof in detail.
- 17 I will testify in court and prosecute criminally. ----- Yes No

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

Signature of Person Completing Report _____

Printed Name _____ Date _____

