



PLAINVILLE POLICE DEPARTMENT

Chief of Police - Christopher M. Vanghele



BAD CHECK INVESTIGATION REQUEST PACKET

The Plainville Police Department has instituted a policy pertaining to bad checks. The following procedure will be adhered to when applying for bad check arrest warrants. A "Bad Check" only applies to legitimate checks that are **NOT counterfeit, forged or post-dated in any way**. The following pages contain the necessary forms that will need to be completed **PRIOR** to making a formal complaint to the Plainville Police Department. (This packet is available at the front desk of the Police Department or on our website at www.plainvillect.com/police-department/pages/documents-and-forms. Some forms are in Word format and some in PDF format which is readable using Adobe Acrobat Reader. Please type all information. If handwritten the printing should be legible to all who may read it. Please attach the following documents to these forms:

1. The original bad check (make a photo copy for yourself; front and back).
2. Documentation for the identity of the person who passed the bad check; for example, copy of the suspect's driver's license, date of birth, or passport ID.
3. The bank's official notification to you; i.e. letter, statement, etc. regarding insufficient funds (ISF) or closed account.
4. Next you must send a certified letter, return receipt, to the person or company who holds the account, at their last known address. Retain the certified letter stub for your records. After you receive the return receipt back from the Post Office, retain this for your records. If the entire letter is returned to you by the postal service as being unclaimed for whatever reason, **leave the letter sealed**. Allow eight (8) days for restitution to be made by the person or company. (A sample letter is included below)
5. **Do not accept partial payment** on the check or it will then become a civil matter rather than criminal.
6. Complete the five (5) page Information Report, Parts I and II (included in packet).
7. Complete Arrest Warrant Application, Form JD-CR-57 & JD-CR-57a if applicable. This **must be signed by a police supervisor in the rank of Sergeant or above** (two separate sheets, samples included in packet).
8. Make copies of all documents, (check/s), certified letter, and all documents involving the case. These copies will be yours and the originals need to be presented to police upon the initiation of your criminal complaint.



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9. After completing all of the forms, please deliver them in person to the Plainville Police Department, and ask the dispatcher to speak to an officer. You must have these forms completed in full, along with copies of all documents pertaining to your case.

Additional information: When accepting any future checks, please obtain proper identification from the person issuing the check to you. Note on the check the subject's date of birth. If the subject is using a driver's license as identification, note the operator's number and state on the check as well as gender, ethnicity, and physical description, (height, weight, hair color, facial scars).

Should you have any questions regarding the above procedure, please contact the Plainville Police Department, telephone 860-747-1616, and ask for a Detective in the Detective Bureau.

Certified and Return Receipts For Bad Check Letter

1. Certified and Return Receipt are mandatory in notifying the account holder with ISF, No or Closed account.
2. Put the other party and full address in the Send To on the Certified and in the Article Addressed to on the Return Receipt. Retain Certified stub at PO.
3. Put yourself and your full mailing address in this area of Return Receipt. Retain when you receive in the mail.
4. Put this thin Tracking Number (tear off white sections at the beginning & end) and attach to Article Number on the Return Receipt.
5. Put the Certified on the front of your envelope to the right of your return address & fold flap at dotted line to the back. Stick return Receipt to the back and mail.



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PART 1

BAD CHECK INFORMATION REPORT

TO BE COMPLETED BY PERSON MAKING COMPLAINT

NAME/ BUSINESS NAME _____

FULL ADDRESS _____

PERSON MAKING REPORT _____

JOB TITLE _____

FULL ADDRESS OF BUSINESS, BRANCH, PLACE WHERE CHECK WAS ACCEPTED:

CHECK # _____

DATE CHECK CASHED/TENDERED _____

AMOUNT \$ _____

NAME OF PERSON WHO PRESENTED CHECK:

WAS CHECK PRESENTED FOR PAYMENT OR DEPOSITED MORE THAN ONCE?

YES _____ NO _____ WHEN _____

ON WHAT DATE WAS ISSUER'S ACCOUNT CLOSED (if applicable)?

PLEASE DETAIL WHAT STEPS YOU OR YOUR EMPLOYEES HAVE TAKEN TO CONTACT THE SUSPECT AND/OR RECOVER YOUR LOSS? _____



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WAS THE ISSUER CONTACTED? _____

BY WHOM? _____

WHEN? _____

WHERE? _____

RESULT _____

HAS THE ISSUER ATTEMPTED TO MAKE RESTITUTION? Yes or No

IF SO, PLEASE DETAIL:

HAVE YOU INSTITUTED CIVIL PROCEEDINGS AGAINST THE ISSUER? YES or NO

WHAT COURT? _____

DOCKET # _____

CASE STATUS _____

HAVE YOU RETAINED AN ATTORNEY OR TURNED THIS MATTER OVER TO A COLLECTION AGENCY IN AN ATTEMPT TO COLLECT THE CHECK?

YES or NO

IF SO,
WHOM: _____

PLEASE INDICATE BELOW ANYTHING YOU FEEL WOULD HELP IN LOCATING AND PROSECUTING THIS PERSON:



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I HEREBY UNDERSTAND AND AGREE ALL THE INFORMATION CONTAINED IN THIS DOCUMENT IS TO BE USED BY AND DISSEMINATED AMONG ALL LAW ENFORCEMENT AGENCIES, THE OFFICE OF THE STATE'S 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 THE INVESTIGATING POLICE OFFICER.

DATE

SIGNATURE OF PERSON MAKING REPORT



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PART 2 BAD CHECK INFORMATION REPORT

**MUST BE COMPLETED BY THE
PERSON WHO ACCEPTED THE CHECK**

NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

DESCRIPTION OF ISSUER:

RACE _____ AGE _____ SEX _____ HT. _____ WT. _____

HAIR COLOR _____

HAIR LENGTH _____

NAME GIVEN YOU BY ISSUER _____

TELEPHONE NUMBER GIVEN YOU BY ISSUER _____

ADDRESS _____

ISSUER'S DRIVERS LICENSE NUMBER _____ STATE _____

DID SIGNATURE ON I. D. ON LICENSE APPEAR TO MATCH THE ISSUER'S SIGNATURE ON CHECK?

YES _____ NO _____

DID ISSUER'S APPEARANCE MATCH PHOTO ON I.D. USED'?

YES _____ NO _____

OTHER I.D. USED _____



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DESCRIPTION OF AUTOMOBILE INVOLVED (IF ANY) MAKE _____
MODEL _____
COLOR _____
LICENSE NUMBER AND STATE _____

DESCRIPTION OF PERSON/S WHO ACCOMPANIED THE ISSUER? (IF ANY)

NAME OF OTHER PERSON/S WHO WITNESSED THE TRANSACTION AND A TELEPHONE NUMBER AT WHICH THEY CAN BE REACHED:

DO YOU RECALL THE TRANSACTION AND/OR WHAT WAS PURCHASED?
YES NO (IF YES, EXPLAIN)

DID YOU FOLLOW COMPANY CHECK CASHING POLICY? YES NO

WAS THE ISSUER KNOWN TO YOU? YES NO
IF YES, HOW? _____

AS THE PERSON WHO ACCEPTED THE CHECK, CAN YOU IDENTIFY THE ISSUER?
YES NO IF YES, HOW? _____

WHAT CONSIDERATION DID THE ISSUER OBTAIN IN EXCHANGE FOR THE CHECK?

- | | | | |
|----|---------------------------|-----|----|
| A. | CREDIT FOR BILL? | YES | NO |
| B. | SERVICES? | YES | NO |
| C. | CASH? | YES | NO |
| D. | MERCHANDISE? | YES | NO |
| E. | RENT OR MORTGAGE PAYMENT? | YES | NO |

DESCRIBE _____

WAS THE CHECK POSTDATED? YES NO



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DID THE ISSUER ASK YOU TO HOLD THE CHECK TO A FUTURE DATE? YES NO

DID YOU SEE THE ISSUER WRITE THE CHECK AND/OR ENDORSE THE CHECK?
YES NO

DID YOU INITIAL, MARK UPON, OR WRITE UPON THE CHECK AT THE TIME YOU ACCEPTED IT? YES NO
IF SO, WHAT? _____

I HEREBY UNDERSTAND AND AGREE ALL THE INFORMATION CONTAINED IN THIS DOCUMENT IS TO BE USED BY AND DISSEMINATED AMONG ALL LAW ENFORCEMENT AGENCIES, THE OFFICE OF THE STATE'S 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 THE INVESTIGATING POLICE OFFICER.

DATE

SIGNATURE OF PERSON WHO ACCEPTED CHECK

**ARREST WARRANT APPLICATION
BAD CHECK**

JD-CR-57 Rev. 2/09
C.G.S. § 53a-128, P.B. §§ 36-1, 36-2

INSTRUCTIONS TO CLERK

Type or print clearly, submit original and copy to the prosecuting authority.
Retain a copy for your records.

**STATE OF CONNECTICUT
SUPERIOR COURT**

www.jud.ct.gov

TO: A Judge of the Superior Court

Disposition date (When available)

Name and address of Court	Geographical area	Docket number
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Name of Accused (Drawer/representative drawer)	Last known address
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The undersigned hereby applies for a warrant for the arrest of the above-named Accused on the basis of the facts set forth in the: Affidavit below Affidavits attached

Signed (Prosecuting Authority) _____ Date: _____

Affidavit

Name and address of Affiant

Name and address of business Affiant is employed by (If applicable)

Name and address of Accused (Drawer/representative drawer)

Description of identification supplied by Accused (Include number)

Person passing the check was
 Personally known to recipient Pictured on the identification

Description of Check	Date of check	Received/cashed on or about (Date)		Payable to
	Amount of check	Check number	In consideration of cash, merchandise or services consisting of	
	Town where check was received		Drawee bank	Date check return by bank

The undersigned, being duly sworn, deposes and says; I, the above-named Affiant, personally received or am employed by the above-named business which received from said Accused the check described above in consideration of the cash, merchandise or services shown above. Payment was refused by the Drawee Bank and said check was returned for the following reason:

Insufficient funds - The check was presented for payment to the Drawee Bank within thirty (30) days after issue and the bank refused payment due to insufficient funds. Thereafter notice was sent by certified mail, return receipt requested, to the last known address of the Accused requesting that restitution be made. It has been at least eight (8) days since the Accused received such notice and no restitution has been made.

I have received the return receipt The notice was returned unclaimed

No account - The Accused had no account at said bank or the account had been closed by the bank at the time the check was issued by the Accused.

(Multiple Checks) I the undersigned, being duly sworn, further depose and say; I or the above-named business received from said Accused the check(s) described in form JD-CR-57A, attached hereto, in consideration of the cash, merchandise or services described therein and payment of said check(s) was refused by the Drawee Bank(s) for the reason(s) indicated on the attached form JD-CR-57A.

Individually or as agent for the above-named business, I request a warrant for the arrest of the above-named Accused for the crime(s) of issuing (a) bad check(s).

Signed (Affiant)	Title (If applicable)	Date signed
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Subscribed and sworn to before me on:	Date	Signed (Judge, Clerk, Commissioner of the Superior Court, Notary)	For Court Use Only
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Finding

The foregoing Application for an arrest warrant, and affidavit(s) referred to in said Application, having been submitted to and considered by the undersigned, the undersigned finds from said affidavit(s) that there is probable cause to believe that an offense has been committed and that the above-named Accused committed it.

Signed (Judge of the Superior Court)	Date signed
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**ARREST WARRANT APPLICATION
BAD CHECK - SUPPLEMENT FOR
MULTIPLE CHECKS**

JD-CR-57A Rev. 11-11
C.G.S. § 53a-128, P.B. §§ 36-1, 36-2

Instructions to Clerk

Type or print clearly, attach to form JD-CR-57 and submit in duplicate to the prosecuting authority.

**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.ct.gov

Name of accused (Drawer/Representative Drawer)	Last known address
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Name and address of affiant

Name and address of business affiant is employed by (If applicable)

Description of Check	Date of check	Received/cashed on or about (Date)	Payable to
	Amount of check	Check number	In consideration of cash, merchandise or services consisting of
	Town where check was received	Drawee bank	Date check returned by bank

Payment was refused by the Drawee Bank and said check was returned for the following reason:

- Insufficient Funds** — The check was presented for payment to the Drawee Bank within thirty (30) days after issue and the bank refused payment due to insufficient funds. Thereafter notice was sent by certified mail, return receipt requested, to the last known address of the Accused requesting that restitution be made. It has been at least eight (8) days since the Accused received such notice and no restitution has been made.

- I have received the return receipt The notice was returned unclaimed

- No Account** — The Accused had no account at said bank or the account had been closed by the bank at the time the check was issued by the Accused.

Description of Check	Date of check	Received/cashed on or about (Date)	Payable to
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	Town where check was received	Drawee bank	Date check returned by bank

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Signed (Affiant)	Title (If applicable)	Date signed
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Print Form

Reset Form

Complainant's Name of Business

Street Address

City, State, Zip Code

Complainant's full phone Number

Date

Accused's Name

Accused's Street Address

Accused's City, State, and Zip Code

Dear **Accused's name**,

On **date** you gave a personal/business check for the purchase of **\$amount** in groceries to **name of person or business name**. Your check was not post-dated and was returned by my bank for **insufficient funds/closed or no account** with **account number**, drawn on a **name of Bank**, with check number **check number**.

Please contact us to make arrangements to make good on your purchase in whole, partial payments will not be accepted. Failure to do so will result in a criminal complaint to police.

Thank you,

EXAMPLE AFFIDAVIT

ARREST WARRANT APPLICATION BAD CHECK

INSTRUCTIONS TO CLERK

STATE OF CONNECTICUT
SUPERIOR COURT

JD-CR-57 Rev. 2/09
C.G.S. § 53a-128, P.B. §§ 36-1, 36-2

Type or print clearly, submit original and copy to the prosecuting authority.
Retain a copy for your records.

www.jud.ct.gov

TO: A Judge of the Superior Court

Disposition date (When available)

Name and address of Court

Superior Court, 20 Franklin Square, New Britain, CT 06051

Geographical
area 15

Docket number

Name of Accused (Drawer/representative drawer)

John Doe

Last known address

123 Fake Street, Anytown, State, Zip

The undersigned hereby applies for a warrant for the arrest of the above-named Accused on the basis of the facts set forth in the: Affidavit below Affidavits attached

Signed (Prosecuting Authority)

Date:

Affidavit

Name and address of Affiant

Employee Number 1

Name and address of business Affiant is employed by (If applicable)

Victim Business, LLC

Name and address of Accused (Drawer/representative drawer)

John Doe, 123 Fake Street, Anytown, State, Zip

Description of identification supplied by Accused (Include number)

State Driver's License #098765384

Person passing the check was

Personally known to recipient

Pictured on the identification

Date of check
01/01/2001

Received/cashed on or about (Date)
01/10/2001

Payable to
Victim Business, LLC

Description
of Check

Amount of check
\$100.00

Check number
645

In consideration of cash, merchandise or services consisting of
(Describe what payment was intended for)

Town where check was received
Plainville, CT

Drawee bank
TD Bank

Date check return by bank
01/20/2001

The undersigned, being duly sworn, deposes and says; I, the above-named Affiant, personally received or am employed by the above-named business which received from said Accused the check described above in consideration of the cash, merchandise or services shown above. Payment was refused by the Drawee Bank and said check was returned for the following reason:

Insufficient funds - The check was presented for payment to the Drawee Bank within thirty (30) days after issue and the bank refused payment due to insufficient funds. Thereafter notice was sent by certified mail, return receipt requested, to the last known address of the Accused requesting that restitution be made. It has been at least eight (8) days since the Accused received such notice and no restitution has been made.

I have received the return receipt

The notice was returned unclaimed

No account - The Accused had no account at said bank or the account had been closed by the bank at the time the check was issued by the Accused.

(Multiple Checks) I the undersigned, being duly sworn, further depose and say; I or the above-named business received from said Accused the check(s) described in form JD-CR-57A, attached hereto, in consideration of the cash, merchandise or services described therein and payment of said check(s) was refused by the Drawee Bank(s) for the reason(s) indicated on the attached form JD-CR-57A.

Individually or as agent for the above-named business, I request a warrant for the arrest of the above-named Accused for the crime(s) of issuing (a) bad check(s).

Signed (Affiant)

Title (If applicable)

Date signed

Subscribed and
sworn to before me on:

Date

Signed (Judge, Clerk, Commissioner of the Superior Court, Notary)

For Court Use Only

Finding

The foregoing Application for an arrest warrant, and affidavit(s) referred to in said Application, having been submitted to and considered by the undersigned, the undersigned finds from said affidavit(s) that there is probable cause to believe that an offense has been committed and that the above-named Accused committed it.

Signed (Judge of the Superior Court)

Date signed

PRINT

RESET