

Wentworth Police Department

PO Box 223
7 Atwell Hill Road
Wentworth, NH 03282

Emergency: 911
Dispatch: 603-787-6202

Business Phone: 603-764-5912
Business Fax: 603-764-5913
Email: wentworth.nh.pd@gmail.com

Wallace Trott, Chief of Police

Bad Check Acceptance Package

As part of our efforts to support the citizens and businesses of our community, the Wentworth Police Department has instituted a procedure where recipients of misdemeanor bad checks may file a report through the mail rather than await the response of a police officer. This process will make the reporting of bad check offenses easier for the victim, and will not jeopardize the investigation of the offense by the police.

The next two pages of this document set forth further criteria for the acceptance of checks by us. These criteria exist because certain legal steps must have been taken for us to continue with court action. Please take a minute to review these requirements prior to taking the next step.

Once you have determined that your check meets the requirements for acceptance by us, you will have to complete pages 4 and 5 of this package. These forms must be filled out completely. Please attach the original check as well as a copy of the registered letter [and the original registered letter receipt]. These are items of evidence and must be present to successfully prosecute the case.

If after review of the paperwork received, additional information is required, someone from the Police Department will contact you. Once the case is processed and the defendant has appeared in court, the prosecutor's office will notify you by mail as to the disposition of the case. If the defendant requests a trial, the employee who accepted the check will be subpoenaed and required to appear at the Plymouth District Court.

Please begin by answering the following questions. If you answer NO to any of these questions, then your check does not meet the requirements for acceptance:

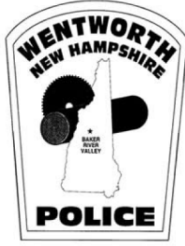
QUESTION	ANSWER
A certified letter, with return receipt, has been sent to the last known address of the writer of the check stating that the check was not honored?	<input type="radio"/> Yes <input type="radio"/> No
Has at least 14 days gone by since the writer of the check signed for receipt of the letter?	<input type="radio"/> Yes <input type="radio"/> No
Was the check presented to the bank within 10 days of being received?	<input type="radio"/> Yes <input type="radio"/> No
Can you provide the date and time the check was passed and the name of the person that accepted the check?	<input type="radio"/> Yes <input type="radio"/> No
Can that person identify the passer of the check?	<input type="radio"/> Yes <input type="radio"/> No
Was some form of identification used to identify the passer of the check and was the type and number of the identification recorded on the check?	<input type="radio"/> Yes <input type="radio"/> No
Do you know what general items were purchased; i.e. cash, goods, or services?	<input type="radio"/> Yes <input type="radio"/> No
Is the check less than 90 days old?	<input type="radio"/> Yes <input type="radio"/> No

In addition to the above requirements, checks will not be accepted under any of the following circumstances:

- The check was accepted in payment for another bad check from the same person
- When accepted, the writer was allowed to postdate the check
- When accepted, the writer requested that the check not be cashed for a period of time
- The check was returned as the result of a “stop payment” request by the writer
- The check is a third party check
- The check was written as a result of an unlawful transaction

If you have not met the requirements of this policy, the check will not be accepted for criminal prosecution by this department. If this department does not accept your check, you may pursue the matter in small claims court. This is a civil action, which can be arranged by contacting the Plymouth District Court at **536-3326** or in person.

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



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BAD CHECK REPORT

Business/Victim Name: _____ DOB: _____

Address: _____

Telephone: Business _____ Home _____

Date Document Passed: _____ Time Passed: _____

Name of Person Accepting Document: _____

Address: _____

Telephone: Business _____ Home _____

Can Suspect be identified? Yes No

By Whom? _____

Name of Witness: _____ DOB: _____

Address: _____

Telephone: Business _____ Home _____

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: Yes No

Clothing Description: _____

Other: _____

(E.g., check cashing application)

DOCUMENT INFORMATION

Type of Document: _____

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

Document Number: _____

Firm Name or Personal Name(s): _____

Bank Drawn on: _____

Account Number: _____

Payable to: _____

Signature on Face: _____

Reason Check not honored: _____

Amount: _____

Other restitution (return fee, etc.): _____

INVESTIGATIVE INFORMATION

ALL CATEGORIES MUST BE COMPLETED BY THE REPORTING PERSON

Certified Letter: Date Sent: _____ Date Returned: _____
Copy Attached: Yes No Receipt Attached: Yes No

- **Date Check Presented:** _____
Date Check Returned, Payment Refused: _____
- **Identification Accepted from Suspect**
NH License, etc. _____ (Attach photocopy if available)
Other: _____ (Save copy of video, etc.)

- **Describe Goods or Services Purchased with Check:**

- **Narrative Section:** Describe any circumstances surrounding the acceptance of the document. Include statements made by the suspect, other persons present or any other information, which may assist in the prosecution of this case. Be as specific as possible.

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

Signature of Reporting Person

Date

***Please include originals of all documents. Make copies for your records.
Submit completed package to Wentworth PD or call 764-5912.***