



**TOWN OF VERNON**  
**DEPARTMENT OF POLICE**  
725 HARTFORD TURNPIKE  
VERNON, CONNECTICUT



Phone (860) 872-9126

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James L. Kenny  
Chief of Police

**BAD CHECK POLICY & PROCEDURE**

1. Bad check arrest warrants will only be considered for issuance of checks in excess of 50.00, or where the underlying circumstances are indicative of a flagrant and obvious instance of fraudulent intent. (Examples would include cases where the checks are drawn against accounts that were closed at the time of issuance or where there are a multitude of like complaints from different complainants over a considerable amount of time.)
2. The decision whether or not to prosecute this individual will be made by a representative of the police department and/or the Assistant State's Attorney who will take into account numerous factors, including what evidence exists of intent to defraud and the availability of necessary bank records.
3. Criminal prosecution does not guarantee restitution as prosecution is designed to punish, not to collect debts. If you agree to prosecute this defendant, you cannot drop the charges if he/she offers to pay the check. If a criminal case cannot be proven, the check will be returned to you upon request.
4. If criminal prosecution is instituted, it will be necessary for those persons having knowledge of the facts to appear and testify in Court.
5. Post dated checks or checks which you agreed to hold before depositing cannot be prosecuted under Connecticut law.
6. Third party checks will not be accepted for prosecution unless the complainant can prove that the issuer or payor, as listed on the check, is the person who actually issued the check.
7. A bad check must be presented for payment and refused by the drawee within 30 days of the day it was issued and an 8-day statutory demand notice must be mailed to the issuer by certified mail, restricted delivery, upon receipt requested, at the issuers last known address.
8. The following documents must be attached to this form: 1) the bad check; 2) the bank notice indicating the reason the check was unpaid; 3) the certified mail receipt from the Post Office; 4) the green receipt, signed by the issuer/addressee or authorized agent, or if the notice is undeliverable, the entire undelivered notice and envelope; and 5) a copy of the 8-day notice sent to the issuer requesting restitution, signed by the party who will be the Affiant on the arrest warrant application.
9. PART II must be signed by the complainant having knowledge of the transaction, e.g., Manager, Cashier, Owner, etc.; PART III must be completed and signed by the person who actually took the check (may be the same person as in PART II).
10. Please contact the Vernon police Detective Division during normal business hours at (860) 872-9126, to schedule an appointment. Please be sure to bring the form and required documents to present to the investigating officer.

PART II

TO BE COMPLETED BY PERSON MAKING COMPLAINT

1. YOUR BUSINESS NAME \_\_\_\_\_
2. BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_
3. PERSON MAKING REPORT \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_
4. FULL ADDRESS OF BUSINESS, BRANCH, PLACE WHERE CHECK WAS ACCEPTED  
\_\_\_\_\_  
\_\_\_\_\_
5. CHECK NUMBER \_\_\_\_\_ DATE CHECK WAS ACCEPTED \_\_\_\_\_ AMOUNT \_\_\_\_\_
6. \_NAME OF PERSON WHO PRESENTED CHECK \_\_\_\_\_
7. \_WAS CHECK PRESENTED FOR PAYMENT MORE THAN ONCE?  
YES \_\_\_\_\_ NO \_\_\_\_\_ WHEN \_\_\_\_\_
8. \_ON WHAT DATE WAS ISSUER'S ACCOUNT CLOSED? \_\_\_\_\_
9. \_PLEASE DETAIL WHAT STEPS YOU OR YOUR EMPLOYEES HAVE TAKEN TO CONTACT THE SUSPECT AND / OR RECOVER YOUR LOSS:  
  
WAS THE ISSUER CONTACTED? \_\_\_\_\_ BY WHOM? \_\_\_\_\_  
  
WHERE \_\_\_\_\_ RESULT \_\_\_\_\_
10. HAS THE ISSUER ATTEMPTED TO MAKE RESTITUTION? IF SO, PLEASE DETAIL  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. HAVE YOU INSTITUTED CIVIL PROCEEDINGS AGAINST THE ISSUER? YES \_\_\_\_\_ NO \_\_\_\_\_  
  
WHAT COURT? \_\_\_\_\_ DOCKET # \_\_\_\_\_  
  
CASE STATUS? \_\_\_\_\_
12. HAVE YOU RETAINED AN ATTORNEY OR TURNED THIS MATTER OVER TO A COLLECTION AGENCY IN AN ATTEMPT TO COLLECT THE CHECK? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF SO, WHOM? \_\_\_\_\_
13. DO YOU KNOW OF ANY FURTHER INFORMATION THAT WOULD BE USEFUL IN LOCATING AND PROSECUTING THIS PERSON? IF SO, PLEASE INDICATE: \_\_\_\_\_  
\_\_\_\_\_

PART III

MUST BE COMPLETED BY THE PERSON WHO ACTUALLY TOOK THE CHECK

1. YOUR NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

2. DESCRIPTION OF ISSUER: RACE \_\_\_ AGE: \_\_\_ SEX: \_\_\_ HT: \_\_\_ WT: \_\_\_

HAIR COLOR \_\_\_\_\_ HAIR LENGTH \_\_\_\_\_

NAME GIVEN YOU BY ISSUER \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. ISSUER'S DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DID SIGNATURE ON ID OR LICENSE APPEAR TO MATCH THE ISSUER'S SIGNATURE  
ON THE CHECK? YES \_\_\_ NO \_\_\_ OTHER ID USED \_\_\_\_\_

4. DESCRIPTION OF VEHICLE INVOLVED (if any) MAKE \_\_\_\_\_

MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

5. DESCRIPTION OF PERSON OR PERSONS WHO ACCOMPANIED THE ISSUER (if any)

\_\_\_\_\_  
\_\_\_\_\_

6. NAME OF OTHER PERSONS WHO WITNESSED THE TRANSACTION AND A PHONE  
NUMBER AT WHICH THEY CAN BE REACHED. \_\_\_\_\_

\_\_\_\_\_

**PLEASE CIRCLE THE PROPER RESPONSE**

7. DO YOU RECALL THE TRANSACTION AND/OR WHAT WAS PURCHASED? YES / NO

8. WAS THE ISSUER KNOWN TO YOU? YES / NO. IF YES, HOW? \_\_\_\_\_

9. AS THE PERSON WHO ACCEPTED THE CHECK, CAN YOU IDENTIFY THE ISSUER?

YES / NO. IF YES, HOW \_\_\_\_\_

\_\_\_\_\_

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

(a) Credit for a bill? Yes \_\_\_ No \_\_\_\_\_

(b) Services? Yes \_\_\_ No \_\_\_\_\_

(c) Cash? Yes \_\_\_ No \_\_\_\_\_

(d) Merchandise? Yes \_\_\_ No \_\_\_\_\_

(e) Rent or Mortgage Payment? Yes \_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

11. WAS THE CHECK POST DATED AND / OR DID THE ISSUER ASK YOU TO HOLD THE CHECK TO A FUTURE DATE? Yes \_\_\_\_\_ No \_\_\_\_\_

12. DID YOU SEE THE ISSUER WRITE THE CHECK AND / OR ENDORSE THE CHECK? Yes \_\_\_\_\_ No \_\_\_\_\_

13. DID YOU INITIAL, MARK OR WRITE UPON THE CHECK AT THE TIME YOU ACCEPTED IT? IF SO, WHAT? \_\_\_\_\_

\_\_\_\_\_  
Signature of person who actually accepted check

\_\_\_\_\_  
Date

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 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.

I hereby certify that I have read and understand the directions for this form, and that all of the facts herein are to the best of my knowledge, true, accurate and complete.

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING REPORT

\_\_\_\_\_  
DATE