

**West Haven Police Department**  
**200 Sawmill Rd.**  
**West Haven, CT 06516**

**Instructions Sheet and Complaint Package for Bad Checks**  
**As Established by State Law & the States Attorneys Office G.A. 22**

- 1) Definition – A Bad Check is defined as a check that has been issued and then returned from a financial institution for “Non-Sufficient Funds” or “Account Closed”.
- 2) The following must apply to each returned check:
  - a) Checks must have been personally received in West Haven.
  - b) Check must EXCEED \$100.00 (multiple checks issued by the same person that total over \$100.00 MAY be prosecuted)
  - c) Proper identification must have been taken at the time the check(s) were issued or you personally know the issuer. (Proper I.D. is driver’s license/State issued ID card and the ID and picture matches the person presenting the check)
  - d) Check must have been presented to your financial institution within 30 days of issue.
  - e) You must not have taken any partial payment or taken the check(s) postdated or you could not have agreed to hold the check(s) for deposit.
  - f) RENT CHECKS – If you (the landlord) hold a security deposit, the check cannot be prosecuted.
  - g) The complaint must be made to the West Haven Police Department within 90 days of the check being issued.
- 3) If all the instructions for #2 above are met, the following procedure must be completed:
  - a) A Protested Check letter must be sent to the issuer, by Certified Mail-Return Receipt Requested. The issuer has 8 days from the date they receive the letter to make good on the check. If the letter is not claimed by the issuer, at least 16 days must pass from the date you sent the letter before you can proceed with the complaint. If the check is satisfied, the procedure stops here. If the check is not satisfied, continue with instructions.
  - b) Complete the two part Investigation Kit contained in this packet. Each check needs a separate Identification Kit.
  - c) Assemble the original check(s), certified letter and Post Office receipts, and the completed Investigation Kit.
  - d) Contact Fraud Division at (203) 937-3905 for an appointment to officially make the complaint.

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INFORMATION REPORT

**PART I**  
**Page 1**

**TO BE COMPLETED BY PERSON MAKING COMPLAINT**

1. Your business name \_\_\_\_\_

2. Business address \_\_\_\_\_

3. Person making report \_\_\_\_\_

Job Title \_\_\_\_\_

4. Full address of business, branch, and place where check was accepted.

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

5. Check number \_\_\_\_\_ Date check accepted \_\_\_\_\_

Amount \_\_\_\_\_ Bank Check Written on \_\_\_\_\_

Personal Check or Business Check \_\_\_\_\_

6. Name and address of person who presented the check

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

7. Was check presented for payment or deposited more than once?

YES \_\_\_\_\_ NO \_\_\_\_\_

WHEN \_\_\_\_\_

8. On what date was issuer's account closed? \_\_\_\_\_

## PROTESTED CHECKS

Insufficient Funds or  
Account Closed

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check number(s): \_\_\_\_\_ issued by you on

\_\_\_\_\_

To \_\_\_\_\_ in the amount of

\$ \_\_\_\_\_, Plus Bank cost/fee of \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Bank drawn on \_\_\_\_\_,

has been refused payment for insufficient funds or account closed. Failure to pay shall be prima facia evidence of intent to defraud under the provisions of section 53a-128 of the Connecticut General Statutes (Issuing a Bad Check). You are hereby commanded to pay such check, draft, or order, with all costs and fees within eight (8) days of receiving this notice. Failure to comply will result in a request for criminal prosecution, without further notice.

Signed: \_\_\_\_\_

For: \_\_\_\_\_

### INSTRUCTIONS TO COMPLAINANT

1. Complete this form in duplicate retain one copy.
2. Mail the original to the subject by Certified Mail – Return Receipt Requested.
3. If the claim is not satisfied within eight (8) days, attach the original check, receipt for the certified letter, and the return receipt to the copy of this form.
4. Contact Fraud Division at (203) 937-3905 for further instructions.

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INVESTIGATION KIT FOR **NONSUFFICIENT FUNDS** or **ACCOUNT CLOSED**  
CHECKS

1. If criminal prosecution is instituted, it will be necessary for those persons having knowledge of the facts to appear and testify in court.
2. Postdated checks or checks, which you agreed to hold before depositing cannot be prosecuted under Connecticut law.
3. Third party checks will not be accepted for prosecution unless the complainant can prove that the issuer or payer, as listed on the check, is the person who actually issued the check.
4. A bad check must be presented for payment and refused by the drawee within thirty days of the day it was issued; and an eight day statutory demand notice must be mailed to the issuer, by certified mail, return receipt requested, at issuer's last know address.
5. PART I of the Information report must be signed by the complainant having knowledge of the transaction, e.g., Manager, Cashier, Owner, etc.;
6. PART II must be completed and signed by the person who actually took the check.
7. Please return the Information Report and required documents to the Fraud Division.

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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.

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.

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SIGNATURE OF PERSON MAKING REPORT

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DATE

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**PART 1**  
**Page 2**

9. Please detail what steps you or your employees have taken to contact the suspect and/or recover your loss.

a) Was the issuer contacted? \_\_\_\_\_

By whom? \_\_\_\_\_

b)When?\_\_\_\_\_

c)Where? \_\_\_\_\_

d)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?

\_\_\_\_\_

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**PART 1  
Page 3**

13. Please indicate below anything you feel would help in locating and prosecuting this person.

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**PART 2**  
**Page 1**

MUST BE COMPLETED BY THE PERSON WHO ACTUALLY TOOK THE CHECK.

1. Your name \_\_\_\_\_

Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Your home phone ( ) \_\_\_\_\_

2. Description of issuer: Race \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_

Hair color \_\_\_\_\_ Length of Hair \_\_\_\_\_

Name given you by issuer  
\_\_\_\_\_

Phone number given you by issuer  
\_\_\_\_\_

Address given  
\_\_\_\_\_

3. Issuer's driver's license number \_\_\_\_\_  
State \_\_\_\_\_

4. Did signature on I.D. or license appear to match the issuer's signature on the check? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Did issuer's appearance match photo on I.D. used?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Other I.D. Used \_\_\_\_\_

6. Description of automobile involved (if any): Make \_\_\_\_\_  
Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate \_\_\_\_\_ State \_\_\_\_\_

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**PART 2**  
**Page 2**

7. Description of person or persons who accompanied the issuer (if any).

\_\_\_\_\_

\_\_\_\_\_

8. Name of other persons who witnessed the transaction and a phone number at which they can be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE CIRCLE PROPER RESPONSE:**

9. Do you recall the transaction and/or what was purchased? YES NO

Did you follow company check cashing policy? YES NO

10. Was the issuer known to you? YES NO

If yes, how?

\_\_\_\_\_

\_\_\_\_\_

11. As the person who accepted the check, can you identify the issuer?

YES\_\_\_ NO\_\_\_

If yes, how?

\_\_\_\_\_

\_\_\_\_\_

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**PART 2**  
**Page 3**

12. 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 Amount \_\_\_\_\_
- (d) Merchandise? YES NO
- (3) Rent/Mortgage payment? YES NO

Describe:

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13. Was the check postdated and/or did the issuer ask you to hold the check to a future date? YES NO

14. Did you see the issuer write the check and/or endorse the check?

YES NO

15. Did you initial, mark upon or write upon the check at the time you accepted it? YES NO

If so, what?

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Signature of Person Who Actually Accepted Check

\_\_\_\_\_ Date \_\_\_\_\_