



BAD CHECK CRIME REPORT
ALGONQUIN POLICE DEPARTMENT
 2200 HARNISH DR. ALGONQUIN, IL. 60102
 (847) 658-4531



PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK, AND SIGN BELOW.
Prior to submission, an NSF check MUST be processed two times with at least seven days between each processing.

- | | | | | | |
|---|-----|----|---|-----|----|
| 1. Was check post-dated at time of acceptance? | YES | NO | 4. Were you asked to hold or delay depositing the check(s)? | YES | NO |
| 2. Does this matter involve a two-party check? | YES | NO | 5. Does this check involve an extension of credit? | YES | NO |
| 3. Was check received as payment on an account? | YES | NO | | | |

A "YES" answer to any of the above questions indicates that this is a CIVIL matter and is therefore ineligible for prosecution. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all answers were circled "NO", please complete this report, date, sign and forward to the above mailing address.

SUSPECTS

Check writer's full name as written on the check

Address (s)

| | | | | |
|------|-------|-----|--------------|---------------|
| City | State | Zip | Home Phone # | Other Phone # |
|------|-------|-----|--------------|---------------|

| | | | |
|--------------------|-------|-----------------|------------|
| Driver's License # | State | Expiration Date | Other I.D. |
|--------------------|-------|-----------------|------------|

How did you obtain the check writer's identification?

- | | |
|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Police Report # _____ |
| <input type="checkbox"/> Check Cashing Card | <input type="checkbox"/> Other _____ |

CHECKS (list additional checks on another form and attach)

| Check # | Date received | Amount | What was check for? | Person accepting check (name, address, phone, date of birth) | Can person I.D. check writer? |
|---------|---------------|--------|---------------------|---|-------------------------------------|
| | | | | | YES NO |
| | | | | | YES NO |
| | | | | | YES NO |
| | | | | | YES NO |

VICTIM (person filing)

| | | |
|------------------|---------|-------|
| Victim/Firm Name | Phone # | Fax # |
|------------------|---------|-------|

| | | | |
|----------------|------|-------|-----|
| Victim Address | City | State | Zip |
|----------------|------|-------|-----|

| | |
|-----------------------|-------|
| Name of person filing | Email |
|-----------------------|-------|

Address where check was accepted, if different from the above address.

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person Filing

Print Name

Date Filed

ALGONQUIN POLICE DEPARTMENT

Bad Check Crime Report Filing Instructions

(Please read the following information below)



Victims of bad checks may file a report with the Algonquin Police Department, provided there is sufficient information, and the case meets all eligibility guidelines. The Algonquin Police Department will seek full restitution for victims whenever possible. "Restitution" refers to the face value of all checks listed in the report. After filing, you will be contacted by an Algonquin Police Department investigator.

- A. **FILL OUT REPORT COMPLETELY.** Attach check(s), original if available, and all supporting documents, including a detailed transaction record and a detailed list of what was purchased. Please SECURE VIDEO of transaction, if available.
- B. **MAIL THIS REPORT** and all other correspondence directly to:
- ALGONQUIN POLICE DEPARTMENT
ATTENTION: INVESTIGATION DIVISION
2200 HARNISH DRIVE
ALGONQUIN, IL. 60102**
- C. **ONCE THE REPORT HAS BEEN FILED,** you may accept restitution from the check writer if you choose, however, **you must contact the Algonquin Police Department if you do accept restitution.** Also, keep in mind that if you accept partial payment, it may negate our ability to investigate the case or to proceed with criminal charges.