

KITTERY POLICE DEPARTMENT
Bad Check Investigatory Worksheet

Complaint Name: _____

Address: _____

Telephone (H): _____ **(W):** _____ **(C):** _____

Date of Birth: _____ **SSN:** _____

If a Business Received the Check

Person who actually received check: _____

Address: _____

Telephone (H): _____ **(W):** _____ **(C):** _____

Date of Birth: _____ **SSN:** _____

Check Information

Person who wrote check: _____

Person who presented check (if different): _____

Address: _____

Telephone: _____ **Date of Birth:** _____

Date of Check: _____ **Check Number:** _____

Amount of Check: _____ **Service Fees:** _____

Goods or Services obtained in exchange for the check: _____

Please include a copy of the front and back of check with this packet along with the original check (if possible)

Investigatory Worksheet – page 2

Additional Identifying Information About Check's Presenter

Physical Description: Race: _____ Age: _____ Hgt: _____ Wgt: _____ Hair: _____

Work Location: _____

Friends/Family/Associates: _____

Driver's License: State: _____ Number: _____

Automobile Information: _____

If Photo Identification Used, what type: _____

Additional Information: _____

Collection Information

Date Notice of Dishonor Mailed: _____ Date it was Received: _____

What efforts have you made to recover your losses (include responses): _____

Any statements or promises made by check presenter: _____

If check was written to a commercial establishment; does the amount of the check exceed \$100.00? Yes No

Was the check returned as the result of a "Stop Payment" request? Yes No

Was the check written as the result of an unlawful transaction? Yes No

Can you personally identify the writer of the check? Yes No