



Darien Police Department

25 Hecker Avenue

Darien, CT 06820-5398

Tel: (203) 662-5300 Fax: (203) 662-5344

Incident #: _____

Date: _____

Detective: _____

Bad Check Form

Fill out completely for **each** check to be processed.

Complainant: _____ D.O.B.: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Position w/ Business: _____

Cell Phone #: _____

Person who accepted check: _____ D.O.B.: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Position w/ Business: _____

Business Name: _____ Business Phone #: _____

Street: _____ City: _____ State: _____ ZIP: _____

Check Passer Information:

Identification shown: License #, State: _____

Other: _____

Did receiver of check compare photo on ID with check passer? Y N

Is the check passer known to the check receiver? Y N

If yes, explain: _____

Sex: M F Race: _____ Age: _____ Height: _____ Weight: _____

Facial Hair: _____ Glasses: Y N Vehicle: _____

Check Information: Location received: _____

Suspect: _____

Amount of check: _____ Account #: _____

Name of Bank: _____ Date presented: _____

Check dated: _____ Check #: _____

Check returned for (circle): NSF Account Closed Other _____

(cont'd, on reverse)

Registered Letter Sent To: Name: _____

At: _____ On date: _____

Was letter claimed? Y N Receipt Returned? Y N

I have read the aforementioned information and it is true to the best of my knowledge. I fully understand that making a false statement, intended to mislead a law enforcement officer in the performance of his/her official duties, is a Class A Misdemeanor. I wish to press this complaint and will testify in court.

Signature: _____ Date: _____

Notary/Police Officer: _____ Date: _____

Department Use Only:

Case: Open Closed

If closed: Restitution Unable to Prosecute

8 Day Letter Sent on: _____

Notes: _____

