



CLEVELAND HEIGHTS POLICE DEPARTMENT

CHRISTOPHER M. BRITTON, CHIEF OF POLICE



BAD CHECK INFORMATION SHEET

NAME

BUSINESS NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

TELEPHONE

TELEPHONE

TO WHOM WAS THE CHECK MADE PAYABLE?

WHERE WAS CHECK PREPARED?

WHO PREPARED THE CHECK?

WHERE WAS THE CHECK RECEIVED? BY WHOM?

ADDRESS (IF DIFFERENT THAN ON THE CHECK)

WHO, IF ANYONE, SAW THE CHECK PREPARED?

PHYSICAL DESCRIPTION: AGE HEIGHT WEIGHT RACE COMPLETION DISTIGUISHING MARKS OR TATOOS

ID TAKEN (LIST ANY AND ALL AVAILABLE INFORMATION)

REASON CHECK WAS RETURNED (CHECK ONE)

EFFORTS TO COLLECT

NSF?

PHONED? HOW MANY TIMES? _____

CLOSED ACCOUNT?

SENT LETTERS? HOW MANY? _____

PRESENTED TWICE?

WHAT WHERE THE RESPONSES?

STOPPED PAYMENT?

LAW SUIT FILED? YES NO

OTHER?

ATTORNEY: _____

PHONE: _____

IS THERE ANY DISPUTE CONCERNING THE GOODS PAID FOR BY THIS CHECK?

YES NO

IF YES, EXPLAIN: _____

ARE YOU AWARE THAT PROSECUTION IN NO WAY GUARENTEES PAYMENT OF THESE FUNDS? YES NO

ARE YOU AWARE THAT THE CITY HAS NO OBLIGATION, DUTY OR AUTHORITY
TO COLLECT THESE FUNDS FOR YOU?

YES NO

BY SIGNING THIS, I SWEAR AND AFFIRM THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AGREE TO SIGN A COMPLAINT AND TO TESTIFY IN COURT IN THIS MATTER IS REQUESTED TO DO SO BY SUBPOENA OR OTHERWISE.

Online report - NO SIGNATURE

SIGNATURE

DATE

