**Bad Check Crime Report**

 The following types of checks are ineligible for the program:

 \*Two-party checks \*Partially re-paid checks \*Fraudulent or stamped lost/stolen/forged

 \*Payroll or credit card checks \*Post/pre dated or altered checks \*Checks you agreed to hold before depositing

 \*Checks passed outside of Mesa County \*Checks which are repayment of loan or civil contract agreement

**Step 1**

**Ineligible Checks**

**Step 5**

**Victim Acknowledgement**

**Sign & Date**

* I will not accept direct payment from the check writer after filing this report with the Program. Please refer check writer to (970) 244-3346.
* I understand that the check writer has the option to dispute this claim in writing with the Bad Check program.
* If this crime report is not completely filled out it may prevent or delay this case from moving forward for Prosecution review.
* I attest that I have sent courtesy notice to the check writer via certified mail including return receipt, the

Check writer did not respond after 15 days and 30 days have elapsed since the check was written.

* I have reviewed the filing instructions, I hereby affirm and attest under penalty of perjury, that all information provided on this crime report is true to the best of my knowledge.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Person Filing (Required) Print Name of Person Filing Date Filed

**Step 4**

**Check Information**

Address where check was accepted (if different than above in Step 2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required)

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_

 Ck. No. Date Passed $ Amount Name of person accepting check

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

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

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

Can person ID check writer?

\_\_\_Yes \_\_\_No

\_\_\_Yes \_\_\_No

\_\_\_Yes \_\_\_No

 Check Writer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_

 Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

* A “Courtesy Notice” must be sent to recover the bad check(s) in question to the check writer via

U.S. Certified Mail including return receipt. If no attempt has been made, the check is not eligible

For prosecution.

**Step 3**

**Check Writer Information**

Driver’s License #/Other ID #

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

State: Date of Birth:

\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_\_

Other ID: (If applicable)

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

 Victim/Merchant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Victim Contact Information (required): Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:(\_\_\_)\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_

**Step 2**

**Victim Information**