

**MILFORD POLICE DEPARTMENT**  
430 Boston Post Road, Milford, CT 06460-2570

**Instruction Sheet for Bad Checks**

(As Established by State Law & the State's Attorney's Office G.A. 22)

- 1) **Definition** – A Bad Check is defined as a check that has been issued and then returned from a financial institution for “Non-Sufficient Funds” or “Account Closed”.
- 2) **The following must apply to each returned check before a criminal complaint is made:**
  - a) Checks must have been personally received in Milford. (Checks received via the mail will not be prosecuted.)
  - b) Checks must EXCEED \$100.00. (Multiple checks issued by the same person that total over \$100.00 will be prosecuted.)
  - c) Proper identification must have been taken at the time the check(s) were issued or you personally know the issuer. (Proper I.D. is driver's license/ID card.)
  - d) Check must have been presented to your financial institution within 30 days of issue.
  - e) You must not have taken any partial payment or taken the check(s) postdated or you could not have agreed to hold the check(s) for deposit.
  - f) RENT CHECKS – If you (the landlord) hold a security deposit, the check cannot be prosecuted.
  - g) The complaint must be made to the Milford Police Department within 90 days of the check being issued.
- 3) **If all of the above conditions are met, the following procedure must be completed:**
  - a) A Protested Check Letter form must be sent to the issuer.
    1. Complete this form in **duplicate**.
    2. Mail the original to the subject by **Certified Mail – Return Receipt Requested**.
    3. If the claim is not satisfied within eight (8) days from receipt of the letter, complete b through d below.
    4. If the letter is not claimed, at least 16 days must past from the date the letter was sent before you can proceed with a complaint
    5. Attach the original check, receipt for the certified letter, and the return receipt to a copy of the Protested Check Letter.
  - b) Complete Information Report, Part 1 included in this packet. (Each returned check requires a separate packet of forms.)
  - c) Have person who accepted the check complete the Witness Report, Part 2.
  - d) Contact Officer V. Senatore at **(203) 783-4710** for an appointment to file a complaint. Appointments are scheduled on Wednesday or Friday between 1:00-3:00 p.m. and take approximately 30 minutes per check. Please plan your time accordingly, and bring all required documents with you to your appointment.

## PROTESTED CHECK LETTER

Insufficient Funds  
Account Closed

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Check number(s): \_\_\_\_\_ issued by you on: \_\_\_\_\_

to: \_\_\_\_\_ in the amount of \$: \_\_\_\_\_

bank drawn on \_\_\_\_\_ has been refused

payment for insufficient funds or account closed. Failure to pay shall be prima facia

evidence of intent to defraud under the provisions of Section 53a-128 of the Connecticut

General Statutes (Issuing a Bad Check). You are hereby commanded to pay such check,

draft, or order, with all costs and fees, within eight (8) days of receiving this notice. Failure

to comply will result in a request for criminal prosecution, without further notice.

Signed: \_\_\_\_\_

For: \_\_\_\_\_

**INVESTIGATION KIT FOR  
NONSUFFICIENT FUNDS AND  
ACCOUNT CLOSED CHECKS**

1. If criminal prosecution is instituted, it will be necessary for those persons having knowledge of the facts to appear and testify in court.
2. Postdated checks or checks which you agreed to hold before depositing cannot be prosecuted under Connecticut law.
3. Third party checks will not be accepted for prosecution unless the complainant can prove that the issuer or payor, as listed on the check, is the person who actually issued the check.
4. A bad check must be presented for payment and refused by the drawee within thirty days of the day it was issued; and an eight day statutory demand notice must be mailed to the issuer, by certified mail, return receipt requested, at issuer's last known address.
5. PART I of the Information Report must be signed by the complainant having knowledge of the transaction, e.g., Manager, Cashier, Owner, etc. PART II must be completed and signed by the person who actually took the check.
6. Please return the Information Report and required documents to the investigating officer.

I hereby understand and agree all the information contained in this document is to be used by and disseminated among all Law Enforcement Agencies, the Office of the State's Attorney and the Courts. I also understand and agree that this check is being submitted for criminal prosecution and that if criminal prosecution is instituted, it will be necessary for those persons having knowledge of the facts to appear and testify in court.

I hereby certify that no one has accepted full or partial restitution for this particular check as of this date, and I further agree NOT TO ACCEPT RESTITUTION WITHOUT NOTIFYING the investigating Police Officer.

I hereby certify that I have read and understand the directions for this form, and that all of the facts herein are to the best of my knowledge, true, accurate and complete.

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DATE

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SIGNATURE OF PERSON MAKING REPORT

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PRINTED NAME OF PERSON MAKING REPORT

## **INFORMATION REPORT**

### TO BE COMPLETED BY PERSON MAKING COMPLAINT

1. Your business name: \_\_\_\_\_
2. Business address: \_\_\_\_\_
3. Person making report: \_\_\_\_\_ Job title: \_\_\_\_\_
4. Full address of business, branch, place where check was accepted: \_\_\_\_\_  
\_\_\_\_\_
5. Check number: \_\_\_\_\_ Date check accepted: \_\_\_\_\_ Amount:: \_\_\_\_\_
6. Name of person who presented the check: \_\_\_\_\_
7. Was check presented for payment or deposited more than once?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ When: \_\_\_\_\_
8. On what date was issuer's account closed: \_\_\_\_\_
9. Please detail what steps you or your employees have taken to contact the suspect and/or recover your loss.
  - a) Was the issuer contacted? \_\_\_\_\_ By whom? \_\_\_\_\_
  - b) When: \_\_\_\_\_
  - c) Where? \_\_\_\_\_
  - d) Result? \_\_\_\_\_
10. Has the issuer attempted to make restitution? If so, please detail.  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you instituted civil proceedings against the issuer?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ What court? \_\_\_\_\_ Docket # \_\_\_\_\_

Case status: \_\_\_\_\_

12. Have you retained an attorney or turned this matter over to a collection agency in an attempt to collect the check?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, whom? \_\_\_\_\_

13. Please indicated below anything you feel would help in locating and prosecuting this person.

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING REPORT

\_\_\_\_\_  
PRINTED NAME OF PERSON MAKING REPORT

**PART I** (Page 2 of 2)

## WITNESS REPORT

MUST BE COMPLETED BY THE PERSON WHO ACTUALLY TOOK THE CHECK

1. Your name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Your home phone: \_\_\_\_\_
2. Description of issuer: Race \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_  
Hair color \_\_\_\_\_ Length of hair \_\_\_\_\_  
Name given you by issuer \_\_\_\_\_  
Phone number given you by issuer \_\_\_\_\_  
Address given \_\_\_\_\_
3. Issuer's driver's license number \_\_\_\_\_ State \_\_\_\_\_  
Did signature on I.D. or license appear to match the issuer's signature on the check?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Did issuer's appearance match photo I.D. used?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Other I.D. used: \_\_\_\_\_
4. Description of automobile involved (if any): Make \_\_\_\_\_ Model \_\_\_\_\_  
Color \_\_\_\_\_ License #/State \_\_\_\_\_
5. Description of person or persons who accompanied the issuer (if any).  
\_\_\_\_\_
6. Name of other persons who witnessed the transaction and a phone number at which they can be reached.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE CIRCLE PROPER RESPONSE:

7. Do you recall the transaction and/or what was purchased? YES NO

Did you follow company check cashing policy? YES NO

8. Was the issuer known to you? YES NO

If yes, how? \_\_\_\_\_

9. As the person who accepted the check, can you identify the issuer? YES NO

If yes, how? \_\_\_\_\_

10. What consideration did the issuer obtain in exchange for the check?

a. Credit for a bill? YES NO

b. Services? YES NO

c. Cash? YES NO Amount \_\_\_\_\_

d. Merchandise? YES NO

e. Rent/Mortgage payment? YES NO

Describe: \_\_\_\_\_

11. Was the check postdated and/or did the issuer ask you to hold the check to a future date?

YES NO

12. Did you see the issuer write the check and/or endorse the check?

YES NO

13. Did you initial, mark upon or write upon the check at the time you accepted it?

YES NO

If so, what? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON WHO ACTUALLY ACCEPTED CHECK

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Date