

MONTPELIER POLICE DEPARTMENT

BAD CHECK / FORGERY INFORMATION WORKSHEET

Today's Date: _____ Complaint Number: _____
 Victim / Business: _____ DOB: _____
 Address: _____ Phone #: () - _____
 City: _____ State/Zip: _____

Reporting Person Information

| | | | |
|----------|--|------------|-------------|
| Name: | | DOB: | |
| Address: | | Phone #: | () - |
| City: | | State/Zip: | |

Clerk & Check Information

| Clerk's Name: | DOB: | Contact #: () - | | |
|--|---------|------------------------|--|-----------|
| Date & Time | Check # | Dollar Amount | Bank or Financial Institution | Account # |
| / | | | | |
| Accountholder Info (upper left corner): | | | | |
| Purported Signature (lower right corner): | | | | |
| Is the original check being turned in with this form? | | | Did clerk observe suspect endorse check? | |
| Is an Affidavit of Forgery being turned in with this form? | | | Can the clerk identify the suspect? | |

Bank Fees

Is there a bank fee that the business is required to pay? Yes No Amount: \$ _____ Has the fee been paid? Yes No

Are you requesting restitution for the bank fee? Yes No

If requesting restitution for bank fees, a copy of the bank fee must be attached to this form.

Suspect Information

| | | |
|---|---------------------------|------------------------|
| Payee (suspect): | DOB: | Contact #: () - |
| DL# or ID# or other information about the suspect: | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Ht: | Wt: |
| Hair Color: | | Hair Style: |
| Photo or Video of Transaction: | Photo or Video Collected: | Finger or Thumb print: |

Vehicle & Other Information

| | | | | | |
|------------------|-------|--------|--------|----------|--------|
| Year: | Make: | Model: | Color: | Plate #: | State: |
| Additional Info: | | | | | |

It is understood that the check here attached is being presented for criminal prosecution and the undersigned, it's agents and employee's will cooperated in the prosecution of the crime herein; it is understood that charges will be filed and the decision to prosecute or dismiss the case will be the sole decision of the prosecuting attorney. I understand that once charges have been filed, I will not accept payment on the check, without notification of the prosecuting attorney and or law enforcement.

The facts above are hereby certified as being true by the undersigned.

Signed _____ Date: _____