

BAD CHECK QUESTIONNAIRE

<p>Person or Business that check was passed to.</p> <p>Victim Name:</p> <p>Address:</p> <p>Date of Birth:</p> <p>Social Security #:</p> <p>Telephone #</p>	<p>Person filing complaint for victim.</p> <p>Complainant Name: <input type="checkbox"/> Same as victim</p> <p>Address:</p> <p>Telephone #:</p> <p>Relation to Victim:</p>
<p>Reason check was issued to victim:</p> <p>Date check was issued by the defendant:</p>	<p>Bank Name and Check #(s):</p>
<p>Defendant Information</p> <p>Name:</p> <p>Address:</p> <p>Date of Birth:</p> <p>Driver's license state and number:</p> <p>Phone number:</p> <p>Other:</p>	<p>Reason check(s) was refused for payment?</p> <p>Where was the check(s) received? Address / County ?</p> <p>Has the defendant made restitution, all or in part? If so, indicate dates and amounts.</p>
<p>Roxbury Twp Police requires that Victims attempt to contact defendants by phone and certified mail of the bad check(s). List phone numbers and dates/times calls were made and date certificate of mailing was either accepted or refused by the defendant.</p>	
<p>Please add any other information relevant to the case:</p>	<p>Have you instituted a <u>CIVIL</u> lawsuit to recoup your monies? If so, give date complaint was filed, the court it was filed in and the status of the case.</p>

Please provide to the police the original of the dishonored check(s) from the bank and certificate of mailing. The items will be placed into evidence and a copy will be provided to you.

I acknowledge that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____