

# New London Police Department

5 Governor Winthrop Blvd. • New London • Connecticut • 06320

## **BAD CHECK INVESTIGATION REQUEST PACKET**

The New London Police Department has an instituted policy pertaining to bad checks. The following procedure will be adhered to when applying for bad check arrest warrants. Bad Checks only applies to legitimate checks that are **NOT counterfeit, forged or post-dated in any way**. A packet containing the necessary forms will be provided by the New London Police Department to assist you **PRIOR** to bringing forth your formal complaint.

1. The original bad check (make a photo copy for yourself; front and back).
2. Documentation for the identity of the person who passed the back check; for example, copy of the suspect's driver's license, date of birth, or passport ID.
3. The bank's official notification to you; i.e. letter, statement, etc. regarding insufficient funds (ISF) or closed account.
4. Next you must send a certified letter, return receipt, to the person or company who holds the account, at their last known address. Retain the certified letter stub for your records. After you receive the return receipt back from the Post Office, retain this for your records. If the entire letter is returned to you by the postal service as being unclaimed or whatever reason, **leave the letter sealed**. Allow eight (8) days for restitution to be made by the person or company. (A sample letter is included on page 2 of this packet)
5. **Do not accept partial payment** on the check or it will then become a civil matter rather than criminal.
6. Complete the five (5) page Information Report, Parts I and II (included in packet).
7. Complete Arrest Warrant Application, Form JD-CR-57 & JD-CR-57a if applicable. This **must be signed by a police supervisor in the rank of Sergeant or above** (two separate sheets, samples included in packet) \*Note hand writing must be in print and clearly legible.
8. Make copies of all documents, (check/s), certified letter, and all documents involving the case. These copies will be yours and the originals need to be presented to police upon the initiation of your criminal complaint.

After completion of the above mentioned forms, please deliver in person to the New London Police Department, and ask to speak to an officer. You must have these forms completed in full, along with copies of all documents pertaining to your case.

**Additional information:** *When accepting any future checks, please obtain proper identification from the person issuing the check to you. Note on the check the subject's date of birth. If the subject is using a driver's license as identification, note the operator's number on the check as well as gender, ethnicity, and physical description, (height, weight, hair color, facial scars).*

# Certified and Return Receipts For Bad Check Packet

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Send To \_\_\_\_\_

Street and Apt. No., or PO Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, April 2015 PSN 7535-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: \_\_\_\_\_

2. Article Number (Transfer from service label) \_\_\_\_\_

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#

9590 9402 1771 6074 8023 93

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

1. Certified and Return Receipt are mandatory in notifying the account holder with ISF, No or Closed account.
2. Put the other party and full address in the Send To on the Certified and in the Article Addressed to on the Return Receipt. Retain Certified stub at PO.
3. Put yourself and your full mailing address in this area of Return Receipt. Retain when you receive in the mail.
4. Put this thin Tracking Number (tear off white sections at the beginning & end) and attach to Article Number on the Return Receipt.
5. Put the Certified on the front of your envelope to the right of your return address & fold flap at dotted line to the back. Stick return Receipt to the back and mail.

# New London Police Department

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## PART 1 INFORMATION REPORT

NAME/ BUSINESS NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

PERSON MAKING REPORT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

FULL ADDRESS OF BUSINESS, BRANCH, PLACE WHERE CHECK WAS ACCEPTED:

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

CHECK # \_\_\_\_\_

DATE CHECK CASHED/TENDERED \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

NAME OF PERSON WHO PRESENTED CHECK:

\_\_\_\_\_

WAS CHECK PRESENTED FOR PAYMENT OR DEPOSITED MORE THAN ONCE?

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

ON WHAT DATE WAS ISSUER'S ACCOUNT CLOSED (if applicable)?

\_\_\_\_\_

PLEASE DETAIL WHAT STEPS YOU OR YOUR EMPLOYEES HAVE TAKEN TO CONTACT THE  
SUSPECT AND/OR RECOVER YOUR LOSS? \_\_\_\_\_

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

WAS THE ISSUER CONTACTED? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

WHEN? \_\_\_\_\_

WHERE? \_\_\_\_\_

RESULT \_\_\_\_\_

HAS THE ISSUER ATTEMPTED TO MAKE RESTITUTION? Yes or No

IF SO, PLEASE DETAIL:

HAVE YOU INSTITUTED CIVIL PROCEEDINGS AGAINST THE ISSUER?

YES or NO                      WHAT COURT? \_\_\_\_\_

DOCKET # \_\_\_\_\_

CASE STATUS \_\_\_\_\_

HAVE YOU RETAINED AN ATTORNEY OR TURNED THIS MATTER OVER TO A COLLECTION AGENCY IN AN ATTEMPT TO COLLECT THE CHECK?

YES or NO

IF SO,  
WHOM: \_\_\_\_\_

PLEASE INDICATE BELOW ANYTHING YOU FEEL WOULD HELP IN LOCATING AND PROSECUTING THIS PERSON:

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.

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***DATE***

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***SIGNATURE OF PERSON MAKING REPORT***

**New London Police Department**  
5 Governor Winthrop Blvd • New London • Connecticut • 06320

**PART 2 INFORMATION REPORT**

***MUST BE COMPLETED BY THE PERSON WHO ACTUALLY TOOK THE Check***

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

DESCRIPTION OF ISSUER:

RACE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

HAIR LENGTH \_\_\_\_\_

NAME GIVEN YOU BY ISSUER \_\_\_\_\_

TELEPHONE NUMBER GIVEN YOU BY ISSUER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ISSUER'S DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DID SIGNATURE ON I. D. ON LICENSE APPEAR TO MATCH THE ISSUER'S SIGNATURE ON CHECK?

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

DID ISSUER'S APPEARANCE MATCH PHOTO ON I.D. USED'?

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

OTHER I.D. USED \_\_\_\_\_

DESCRIPTION OF AUTOMOBILE INVOLVED (IF ANY) MAKE \_\_\_\_\_  
MODEL \_\_\_\_\_  
COLOR \_\_\_\_\_  
LICENSE NUMBER AND STATE \_\_\_\_\_

DESCRIPTION OF PERSON/S WHO ACCOMPANIED THE ISSUER? (IF ANY)

NAME OF OTHER PERSON/S WHO WITNESSED THE TRANSACTION AND A TELEPHONE  
NUMBER AT WHICH THEY CAN BE REACHED:

PLEASE CIRCLE THE PROPER RESPONSE:

DO YOU RECALL THE TRANSACTION AND/OR WHAT WAS PURCHASED?

YES NO (IF YES, EXPLAIN)

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

DID YOU FOLLOW COMPANY CHECK CASHING POLICY? YES NO

WAS THE ISSUER KNOWN TO YOU? YES NO

IF YES, HOW? \_\_\_\_\_

AS THE PERSON WHO ACCEPTED THE CHECK, CAN YOU IDENTIFY THE ISSUER?

YES NO IF YES, HOW? \_\_\_\_\_

WHAT CONSIDERATION DID THE ISSUER OBTAIN IN EXCHANGE FOR THE CHECK?

A.	CREDIT FOR BILL?	YES	NO
B.	SERVICES?	YES	NO
C.	CASH?	YES	NO
D.	MERCHANDISE?	YES	NO
E.	RENT OR MORTGAGE PAYMENT?	YES	NO

DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

WAS THE CHECK POSTDATED? YES NO

DID THE ISSUER ASK YOU TO HOLD THE CHECK TO A FUTURE DATE? YES NO



DID YOU SEE THE ISSUER WRITE THE CHECK AND/OR ENDORSE THE CHECK?

YES NO

DID YOU INITIAL, MARK UPON, OR WRITE UPON THE CHECK AT THE TIME YOU ACCEPTED IT? YES NO

IF SO, WHAT? \_\_\_\_\_

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.

\_\_\_\_\_  
**DATE**

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

**ARREST WARRANT APPLICATION  
BAD CHECK**

**INSTRUCTIONS TO CLERK**

**STATE OF CONNECTICUT  
SUPERIOR COURT**

JD-CR-57 Rev. 2/09  
C.G.S. § 53a-128, P.B. §§ 36-1, 36-2

Type or print clearly, submit original and copy to the prosecuting authority.  
Retain a copy for your records.

www.jud.ct.gov

**TO: A Judge of the Superior Court**

Disposition date (When available)

Name and address of Court

**112 Broad St New London 06320**

Geographical area **10**

Docket number

Name of Accused (Drawer/representative drawer)

Last known address

The undersigned hereby applies for a warrant for the arrest of the above-named Accused on the basis of the facts set forth in the:  Affidavit below  Affidavits attached

Signed (Prosecuting Authority) \_\_\_\_\_

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

**Affidavit**

Name and address of Affiant

Name and address of business Affiant is employed by (If applicable)

Name and address of Accused (Drawer/representative drawer)

Description of identification supplied by Accused (Include number)

Person passing the check was

Personally known to recipient

Pictured on the identification

<b>Description of Check</b>	Date of check	Received/cashed on or about (Date)		Payable to
	Amount of check	Check number	In consideration of cash, merchandise or services consisting of	
	Town where check was received <b>New London, CT</b>		Drawee bank	Date check return by bank

The undersigned, being duly sworn, deposes and says; I, the above-named Affiant, personally received or am employed by the above-named business which received from said Accused the check described above in consideration of the cash, merchandise or services shown above. Payment was refused by the Drawee Bank and said check was returned for the following reason:

**Insufficient funds** - The check was presented for payment to the Drawee Bank within thirty (30) days after issue and the bank refused payment due to insufficient funds. Thereafter notice was sent by certified mail, return receipt requested, to the last known address of the Accused requesting that restitution be made. It has been at least eight (8) days since the Accused received such notice and no restitution has been made.

I have received the return receipt

The notice was returned unclaimed

**No account** - The Accused had no account at said bank or the account had been closed by the bank at the time the check was issued by the Accused.

(Multiple Checks) I the undersigned, being duly sworn, further depose and say; I or the above-named business received from said Accused the check(s) described in form JD-CR-57A, attached hereto, in consideration of the cash, merchandise or services described therein and payment of said check(s) was refused by the Drawee Bank(s) for the reason(s) indicated on the attached form JD-CR-57A.

**Individually or as agent for the above-named business, I request a warrant for the arrest of the above-named Accused for the crime(s) of issuing (a) bad check(s).**

Signed (Affiant) \_\_\_\_\_ Title (If applicable) \_\_\_\_\_ Date signed \_\_\_\_\_

Subscribed and sworn to before me on: \_\_\_\_\_ Date \_\_\_\_\_ Signed (Judge, Clerk, Commissioner of the Superior Court, Notary) \_\_\_\_\_ For Court Use Only

**Finding**

The foregoing Application for an arrest warrant, and affidavit(s) referred to in said Application, having been submitted to and considered by the undersigned, the undersigned finds from said affidavit(s) that there is probable cause to believe that an offense has been committed and that the above-named Accused committed it.

Signed (Judge of the Superior Court) \_\_\_\_\_

Date signed \_\_\_\_\_