

## BAD CHECK REPORT

The following documents collectively create the Bad Check Report which is sent to the Prosecuting Attorney. Include all of the following documents:

- The Bad Check Complaint Form.
- The Original Check (or a bank issued certified copy).
- The original Bank Notice of a service charge for the return of the check, if any
- A copy of the original 10 day Notice Letter that you mailed. However, if the letter was returned, then you must include the unopened letter. It is important that the returned envelope remain sealed.
- The original white receipt for Certified Mail and the green Return Receipt from the Post Office.
- The Affidavit to Show Probable Cause form.
- Be certain that the Bad Check Complaint Form includes one or all of the following identifiers:
  - Date of birth,
  - Driver's license or State issued ID Card number,
  - Social Security number.

*The courts will not accept a complaint without at least one of these Identifiers.*

**You should retain copies of all materials which you send to our office for your records.**

**Mail to:**

**Prosecuting Attorney Bad Check Program  
P.O. Box 4583  
South Bend, IN 46624-4583**

**OR Hand Deliver to:**

**Prosecuting Attorney Bad Check Program  
10<sup>th</sup> Floor, County-City Building  
227 W. Jefferson Blvd.  
South Bend, Indiana 46601**

**Questions: email to [BadCheckProgram@stjoepros.org](mailto:BadCheckProgram@stjoepros.org)  
Telephone to 574-245-6647**

## BAD CHECK COMPLAINT FORM

The following form must be completely filled out for each check submitted to the prosecuting attorney's office. Each blank must be answered. If the answer is not known, write "unknown" or "none", etc. The person (whether individual, partnership, company, corporation, etc.) receiving the check is known as the complainant. This form must be signed by the complainant receiving the check or his authorized agent.

### 1. Complainant/Victim Information (Individual/Business Entity Accepting the Check)

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

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

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to victim: \_\_\_\_\_

### 2. Suspect Information: (Individual who presented the Bad Check)

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

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

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to victim: \_\_\_\_\_

### 3. How was Suspect identified? \_\_\_\_\_

Driver's License/State ID Card Presented? \_\_\_\_\_

Driver's license/State ID number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Suspect previously known to Complainant or Witnesses?

How? \_\_\_\_\_

Photographic or Video Surveillance? Please Provide Copy and Maintain Original.

Has the Suspect ever given any check(s) to the complainant before? \_\_\_\_\_, If so give details,

\_\_\_\_\_

Has a previous check not been honored by a he bank when presented? \_\_\_\_\_, If so give details,

### 4. Payer Information (If other than Suspect)

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

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

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to victim: \_\_\_\_\_

**5. How was Payer identified?** \_\_\_\_\_

( ) Driver's License/State ID Card Presented? \_\_\_\_\_

Driver's license/State ID number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

( ) Payer previously known to Complainant or Witnesses? \_\_\_\_\_

How? \_\_\_\_\_

( ) Photographic or Video Surveillance? Please Provide Copy and Maintain Original. \_\_\_\_\_

Has the Payer ever given any check(s) to the complainant before? \_\_\_\_\_, If so give details,

\_\_\_\_\_

Has a previous check not been honored by a he bank when presented? \_\_\_\_\_, If so give details,

**6. Identifying Witness Information:** Individual/Employee who accepted the bad check.

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

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

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to victim: \_\_\_\_\_

**Photo/Video Foundation Witnesses:** Individuals/Employees familiar with your surveillance system and/or who copied the photos/video)

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

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

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to victim: \_\_\_\_\_

**Additional Witnesses:**

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

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

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to victim: \_\_\_\_\_

**7. Check Information**

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Bank/Credit Union: \_\_\_\_\_

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

Account number: \_\_\_\_\_

Date first presented to Bank/Credit Union for payment: \_\_\_\_\_

Reason check was refused by Bank/Credit Union: \_\_\_\_\_

Number of times check was presented to Bank/Credit Union for payment: \_\_\_\_\_

The above information is true to the best of my knowledge and belief, and I will testify in court, whether the check is ultimately made good (by payment) or not – and will report all information I receive to assist in the prosecution.

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COMPLAINANT/VICTIM

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*Printed Name*

ST. JOSEPH COUNTY )  
 )  
STATE OF INDIANA )

IN THE ST. JOSEPH SUPERIOR COURT

CAUSE NO. \_\_\_\_\_  
(Leave Blank - Court will assign Number)

STATE OF INDIANA )  
 )  
 ~VS~ )  
 )  
 \_\_\_\_\_ )  
(Print name of Suspect)

AFFIDAVIT TO SHOW PROBABLE CAUSE

Complainant: \_\_\_\_\_  
(Enter name of business or individual who received check)

COMES NOW \_\_\_\_\_ the undersigned Affiant, who first  
(Print Name)

being duly sworn upon his/her oath states:

- Affiant is an adult person who has personal knowledge and is competent to testify as to the matters stated herein.
- Affiant is the individual or the authorized representative of that business located in St. Joseph County, Indiana, known as \_\_\_\_\_.  
(Print Name of Business)
- On \_\_\_\_\_, 201\_\_\_\_, \_\_\_\_\_ (Affiant or authorized  
(Print Name of individual/employee who accepted the check)  
representative of Affiant) accepted from \_\_\_\_\_ who presented  
(Print name of Suspect)  
check # \_\_\_\_\_, drawn upon Account # \_\_\_\_\_ of the following financial institution, to wit:  
\_\_\_\_\_  
(Print the name of the Bank, Credit Union, etc.)
- Said check was deposited by said individual or business and was returned by said drawee bank, for the reason stated on such check, to wit: \_\_\_\_\_  
(Enter reason check was returned: NSF, Closed Account, etc.)
- A letter was sent to the Defendant on \_\_\_\_\_, 201\_\_\_\_ by certified mail, RRR,  
(Receipt # \_\_\_\_\_, notifying them that said check was not honored and  
requesting payment within ten (10) days. Copies of the letter and receipt are attached.
- The check amount was not paid within the 10 day period.

Affiant Signature \_\_\_\_\_

I hereby affirm under the pains and penalties of perjury that the above and foregoing statements are true to the best of my knowledge and belief.

Affiant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**10 day Notice Letter**

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

Total Amount Due: \$ \_\_\_\_\_

To:    **Name**  
          **Address**  
          **City**

**RE: Ten Day Notice**

Dear \_\_\_\_\_:

This Notice is to advise you that a check you delivered to the undersigned was returned and not paid:

**CHECK DESCRIPTION**

Check No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Reason for Nonpayment \_\_\_\_\_  
Penalty or Protest Fee Charged to My Account: \_\_\_\_\_

Please make arrangements to pay the sum of \$ \_\_\_\_\_, (the face amount of the check and the penalty or protest fees charged) within ten (10) days of the mailing date of this Notice. Payment must be made in cash, certified check, or money order to the individual at the address stated below.

I.C. 35-43-5-5 provides that a person who knowingly or intentionally issues or delivers a check, a draft, or an order on a credit institution for the payment of or to acquire money or other property, knowing that it will not be paid or honored by the credit institution upon presentment in the usual course of business, commits check deception, a Class A misdemeanor. The penalty upon conviction to a Class A Misdemeanor is up to one (1) year in jail or a fine of up to \$5,000 or both.

**THIS IS THE LAST NOTICE YOU WILL RECEIVE FROM THE UNDERSIGNED BEFORE THIS  
MATTER IS REFERRED TO THE PROSECUTING ATTORNEY FOR FURTHER ACTION.**

**PAYMENT MUST BE MADE IN CASH, CERTIFIED CHECK, OR MONEY ORDER**

Sincerely,

Name  
Address