

HARTFORD POLICE DEPARTMENT
Nonsufficient Funds or Worthless Check Form

Firm Information:

Complaint Number: _____

Name: _____

Address: _____

Telephone Number(s): _____

Person Passing Check/Suspect Information:

Name: _____ DOB: ____/____/____

Address: _____

City/State/ZIP: _____

Driver's License Number: _____

Person Accepting Check:

Name: _____ DOB: ____/____/____

Address: _____

City/State/ZIP: _____

Home Phone: _____ Job Title: _____

Did you witness the writing of this check? YES NO

Document Information:

Check Number: _____ Date Issued: ____/____/____

Payee: _____ Amount: \$ _____

Account Number: _____

Financial Institution: _____

Check Issued for: Cash \$ _____ Goods: \$ _____

Certified Mail Fee: \$ _____ Reason for Return of Check: _____

Total Amount of Restitution: \$ _____

Notice sent and demands made to collect on check:

Registered/Certified Mail _____ Delivered/Attempted on: ____/____/____

Describe other demands made to collect check: _____

We hereby authorize the Hartford Police Department to initiate action against the maker of the check. It is understood that should the defendant desire to pay the amount of the check, payment will be refused until such time as authorized by the police department.

Date: ____/____/____ Print Name: _____

Signature: _____