

# 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 cooperate 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: \_\_\_\_\_