



Michael C. Rock
Ogle County State's Attorney

BAD CHECK CRIME REPORT

MERCHANT INFORMATION

CHECK OFFENDER INFORMATION

Business/Name _____
Address: _____
Phone: _____
Alternate Phone: _____

Name: _____
Address: _____
Phone: _____
DLN: _____

Name of Authorized Individual to Sign Complaint on behalf of the Merchant:

CHECK INFORMATION:

Check Number (s)	Date (s)	Amount (s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Checks drawn on _____ Bank.

Reason check was refused () NSF
() Closed Account

Name of person (s) who accepted the check (s) _____
Position _____
Home Address _____
Phone Number _____

Can this person identify who passed the check (s)? Yes () No ()

Other witnesses _____

How was the person who passed the check properly identified?

- () The person accepting the check is personally acquainted with him/her
- () The person accepting the check saw a photo ID such as a Drivers license
- () Since the check was written we have spoken with that person and that person has admitted passing the check
- () _____

Physical description of the person passing the check:

Age: _____ Race: _____ Height: _____ Weight: _____ Hair: _____

Distinguishing Feature: _____

How often was the check presented? _____ MUST be twice for NSF!

Describe other efforts to collect on check and identify who made them (you must make reasonable efforts).

What was purchased with the check (s)? _____

Did the person passing the check ask that the check be "held" for any length of time? _____

Was the check post dated? _____

Is payment for an existing debt? _____

Are you and any other identifying witnesses willing to appear at a trial? _____

If payment is not made to Defrauded Party by the date to be stated in the letter to the check writer from the State's Attorney's Office, WE WILL NEED A COPY OF BOTH THE FRONT AND BACK OF THE CHECK for a possible Complaint. If a Complaint is filed, the Defrauded Party will need to appear in the State's Attorney's Office to sign and verify a Complaint against the check writer.

I agree to notify the State's Attorney's Office if restitution is made.

Signature _____

Date _____

PLEASE RETURN THIS TO:

**Ogle County State's Attorney's Office
106 S. 5th Street, Suite 110
Oregon, IL 61061
(815) 732-1170**