



*Anthony Campbell
Chief of Police*

NEW HAVEN
DEPARTMENT OF POLICE SERVICE
One Union Avenue • New Haven • Connecticut • 06519



*Toni N. Harp
Mayor*

BAD CHECK INVESTIGATION REQUEST PACKET

The New Haven Police Department has instituted a 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 Haven Police Department to assist you **PRIOR** to bringing forth your formal complaint. This packet can also be found online on our City of New Haven website (www.cityofnewhaven.com/Police/Forms.asp) as well as the front desk. Some forms are in Word format and some in PDF format which is readable using Adobe Acrobat Reader, [click here](#) to be taken to authentic site to download the software. Please type all information. If handwritten the printing should be legible to all who may read it. Please attach the following documents to this form:

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).
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.

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After completion of the above mentioned forms, please deliver in person to the New Haven 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. At the front desk area use the wall phone to the left and dial **1000** to speak to a Dispatcher Assistant. This may be a long wait and the best times to come is in the morning at about 8:00am or just after 4pm.

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).

Should you have any questions regarding the above procedure, please contact the New Haven Police Department, telephone 203-964-6304, and ask for a Detective in the Financial Crimes Unit.

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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.

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 \$ _____

Postmark Here

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

9590 9402 1771 6074 8023 93

2. Article Number (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Certified 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 Signature Confirmation Restricted Delivery (over \$500)

Insured Mail Restricted Delivery (over \$500)

USPS TRACKING#

9590 9402 1771 6074 8023 86

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.

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PART 1
INFORMATION REPORT
TO BE COMPLETED BY PERSON MAKING COMPLAINT

Chief of Police
Anthony Campbell

Toni N. Harp
Mayor

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? _____

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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:

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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 MAKING REPORT

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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 _____

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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 CHASHING 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

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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

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**ARREST WARRANT APPLICATION
BAD CHECK**

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

INSTRUCTIONS TO CLERK

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

**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.ct.gov

TO: A Judge of the Superior Court

Disposition date (When available)

Name and address of Court	Geographical area	Docket number
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Name of Accused (Drawer/representative drawer)	Last known address
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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

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