

**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: \_\_\_\_\_