



## West Warwick Police Department

1162 Main Street

West Warwick, RI 02893-4829

Phone: (401) 821-4323 Fax (401) 822-9206



# Fraudulent Check Complaint Instruction Packet

To: Citizens and Business members of the Town of West Warwick  
From: The Office of the Chief of Police

RE: Policy and Procedures concerning Fraudulent Check complaints

If a check is returned by a bank for *Insufficient Funds, Account Closed, No Account Found, Stop Payment, or Refer to Maker*, the West Warwick Police Department requires that certain steps be followed before a criminal investigation can be initiated.

The West Warwick Police Department will not be able to prosecute banking law violations unless a positive identification can be made of the check's maker by the individual (clerk/cashier) who actually received the check. Valid identification **must** be obtained from the check's maker at the time of receipt. Valid forms of identification are a state driver's license, a state identification card, or a military ID. It is your responsibility to ensure the identification matches the check maker and you record the ID state and number, date of birth and telephone number and verify the address on the check. You may also note the maker's vehicle description and registration, and their physical description.

If the dollar amount of the check is less than \$50.00, we recommend that you pursue the matter in Small Claims Court or a collection agency as a civil matter. If the check's dollar amount is in excess of \$50.00 and has been deposited through normal channels, please complete the following steps:

### Checks returned marked *Insufficient Funds, Account Closed, or No Account Found*:

1. Send a letter demanding payment via Certified Mail to the check maker's current address.
2. You will then receive either a Domestic Return Receipt (green card) signed by the recipient or the unopened letter marked Unclaimed, Moved-No Forwarding Address, etc.
3. If the letter was accepted, you must allow seven (7) days for the maker to make restitution. If after seven (7) days, restitution is not made you may file a criminal complaint with the Police Department. If the letter was not accepted, you may also file a criminal complaint with the Police Department.
4. Complete the enclosed Fraud Check Complaint Form and submit it to the Police Department with the following support materials:
  - a. The original check

*"Courage ~ Sacrifice ~ Devotion"*

- b. The green Domestic Return Receipt or the unopened letter
- c. A Witness Statement completed by the receiver of the check (cashier/clerk) who will be able to positively identify the maker. Refer to the attached sample statement.

Checks returned marked Stop Payment or refer to maker:

1. Send a letter demanding payment via Certified Mail to the check maker's current address demanding restitution or the return of merchandise within three (3) days.
2. Follow steps 2-4 from above.

Once you have filed a criminal complaint with the Police Department, DO NOT accept any payments from the check maker. Refer them to the investigating police officer/detective. If you accept payment or partial payment, the matter becomes civil and criminal prosecution will be declined or terminated. If restitution is made and the Police Department is not notified, you could suffer civil ramifications.

If all of the reporting requirements are met and there is sufficient evidence that the check was passed with the intent to defraud and the suspect can be positively identified, our criminal investigation will commence. The complainant will be required to attend any and all court proceedings.

The Fraudulent Check Packet can be obtained at the West Warwick Police Department or on our website [www.westwarwickpd.org](http://www.westwarwickpd.org). The packet can be submitted in person or mailed to the Detective Division – 1162 Main Street, West Warwick, RI 02893. A detective supervisor will review the case and make contact with you. A Detective Sergeant/Fraud Investigator can be contacted at 401-827-9004.

The West Warwick Police Department will investigate all cases of stolen, fraudulent, or other check schemes that do not fall into the category of routine checks. However, we can not accept the following types of checks for criminal prosecution:

- a. Checks under \$50.00
- b. Checks after ninety (90) days from the date of issuance
- c. Third (3<sup>rd</sup>) party checks
- d. Checks for rent, services rendered, or repayment of loans
- e. Checks received by mail

\*The West Warwick Police Department strongly suggests that you or your company obtain the means of photographing or recording the transaction in order to capture an image of the check maker. This means of positive identification can protect you, your company, and the Police Department from false arrests and/or law suits which can arise from improper identification.

Sample Witness Statement Narrative:

(Example text:

On 11-21-97 I was working as a cashier for Stop and Shop Super Market and was on duty. At approximately 12:30pm, a person paid for food items with a personal check. The amount of the goods was \$54.25. I asked the person for identification and he produced a Rhode Island drivers license bearing the number, 4213475. The person matched the photo in the identification. I processed the check through normal channels in the market, and I was later informed that the check was returned for Insufficient Funds. I wish to press charges against the person.)

Note: Change any of the above underlined words for their proper meanings, i.e.; correct dates/times, name of business, type of product purchased, amount of check, identification numbers, and correct reason check was returned insufficient funds, stop payment, etc.

The last line must be included in the statement indicating they wish to press charges: No complaint will be accepted unless this is indicated.

Instructions on how to present your claim to Small Claims Court:

These instructions are for those who want to sue in small claims court and/or do not meet the requirements as set forth in the West Warwick Police Department's Fraudulent Check Policy. This form is to be used for Small Claims Court Notifications only. This form is to be filled out by you and sent to the person/business that made the bad (bounced) check. Please print clearly. This form must be sent certified mail with return receipt requested. If after thirty (30) days you do not hear from the offending party, you should contact RI Small Claims Court – Kent County Courthouse at 222 Quaker Lane, Warwick, RI 02886 (401)822-1771 for further instructions.

-----Detach here-----

**Notice of Dishonored Check**

Date: \_\_\_\_\_

Name (maker of check): \_\_\_\_\_

Address (of maker): \_\_\_\_\_

You are according to law hereby notified that check numbered \_\_\_\_\_ and dated \_\_\_\_\_, drawn on (name of bank) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_, has been returned unpaid with a notation that payment has been refused because of NSF, Stop Payment, Refer to Maker, or other (circle one). Within thirty (30) days from the mailing of this notice, you must pay to (your name or business name) \_\_\_\_\_ at (address) \_\_\_\_\_.

If payment is not made within thirty (30) days of this notice, you may be liable under 6-42-3 of Rhode Island Commercial Law, in addition to the amount of the check, a collection fee of \$25.00, and up to three (3) times the amount of the check, but in no case less than \$200.00 and not more than \$1000.00.

Signature of the check holder: \_\_\_\_\_

**Fraud Check Complaint Form**

Police Department Case # \_\_\_\_\_

I, \_\_\_\_\_ (your name),  
voluntarily without threats or promises make the following statements:

Date of incident: \_\_\_\_\_ Location of  
incident: \_\_\_\_\_

**Complainant's information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMail: \_\_\_\_\_

**Suspect's information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Type of ID used during transaction and ID number: \_\_\_\_\_

Description: Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Check number: \_\_\_\_\_ Amount of check: \$ \_\_\_\_\_

Item(s) purchased: \_\_\_\_\_

Reason check returned (circle one): Insufficient Funds, Acct Closed, Other

Checking account number: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

\_\_\_\_\_  
Date Certified Return Receipt Letter was sent: \_\_\_\_\_

Date Receipt or letter was returned: \_\_\_\_\_

Results of letter (circle one): Accepted, Refused, Undeliverable, Other

NOTE: Any person or company representative may sign this complaint  
form: however, the person who accepted the check must complete the  
Witness Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_