BAD CHECK CRIME REPORT

01/02/2024

ANNE ARUNDEL COUNTY STATE'S ATTORNEY
ANNE COLT LEITESS

Victim Services, Inc. Mail Processing
Bad Check Program Address:
PO BOX 3026
MISSION VIEJO CA 92690-1026

Bad Check Program Contact:
(888) 440-1798 - Victim Hotline
(888) 440-1811 - Check Writer Hotline
(Please refer check writer to the "check writer" hotline)

For electronic filing: **https://merchants.checkprogram.com**

Step 1
Confirm Eligibility

The following types of checks are ineligible for the program:

*Two-party checks
*Partially re-paid checks
*Fraudulent or stamped lost/stolen/forged
*Payroll, credit card or rent checks
*Post/pre dated or altered checks
*Checks you agreed to hold before depositing
*Checks passed outside of Anne Arundel County
*Checks which are repayment of loan or civil contract agreement

Step 2
Victim Information

Victim/Merchant Name:_____

Contact Name: _____ **Title:** _____

Victim Contact Information: (Required) **Email:** _____

Phone:(_____)_____**Fax:(_____)**_____

- ***Email and/or fax are required for acknowledgement receipt of check and/or Program communication***

Address:_____**City:**_____**State:**_____**Zip Code:**_____

***Maryland law allows you to add a collection fee of up to $35.00 for each check.**

On what date did you send notice? _____ **Please attach documentation.**

Step 3
Check Writer Information

Check Writer's Name:_____

Address:_____ **Apt:**_____

City:_____ **State:**_____ **Zip Code:**_____

Home Phone: (_____)_____ **Other Phone: (_____)**_____

Driver's License # / Other ID #:
_____

State: _____ **Date of Birth:** _____/_____/_____

Other ID: (if applicable)
_____

A "Courtesy Notice" must be sent to recover the bad check(s) in question. If no attempt has been made, the check is not eligible for prosecution. (See sample courtesy notice on back.)

Step 4
Check Information

Ck. No.	Date Received	$ Amount	Name of person accepting check *(if no longer employed please list manager)*	Can person ID check writer?
_____	_____	_____	_____	❑ Yes ❑ No
_____	_____	_____	_____	❑ Yes ❑ No
_____	_____	_____	_____	❑ Yes ❑ No

Address where check was accepted (if different than Step 2):_____ **(Required)**

City:_____ **State:**_____ **Zip Code:**_____

Step 5
Victim Verification
Sign & date

- I will not accept direct payment from the check writer after filing this report with the Program. Please refer check writer to (888) 440-1811.
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Program.
- If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecution review.
- I attest that I have sent courtesy notice to the check writer and after 10 days it remains unpaid.
- I have reviewed the filing instructions, I hereby affirm and attest under penalty of perjury, that all information provided on this crime report is true to the best of my knowledge.

X_____ _____ _____
Signature of Person Filing (Required) **Print Name of Person Filing** **Date Filed**

Staple **original** or **bank-generated substitute** check here

Additional crime reports are available at: checkprogram.com/annearundel

This Program is administered by Victim Services, Inc., a private entity under contract with the State's Attorney's Office.

For additional information and crime reports: checkprogram.com/annearundel

"Sample Courtesy Notice"

Date

Dear Check Writer:

You are hereby notified that a check numbered_____ in the face amount of $_____, issued by you on _____drawn upon _____ bank, and payable to _____, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of $_____, the total amount due being $_____.

Unless this amount is paid in full within the time specified above, we may turn over the dishonored check and all other available information relative to this incident to the State's Attorney's Office for potential criminal prosecution.

Closing,

Your name/address

Bad Check Program Information

As a victim of a bad check you may file this report with the Anne Arundel County State's Attorney, provided there is sufficient information, and that the check meets all eligibility guidelines. The Anne Arundel County State's Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that the Bad Check Restitution Program can make no recovery guarantees. By submitting the check to the program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Program. "Restitution" refers to the face value of all checks listed on this report.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment,
- A check issued by someone not competent or of legal age,
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check,
- A check issued to pay an obligation arising from an illegal transaction.

What to do after my crime report is filed with the Program

- Please **do not** accept direct payments from check writers. Should the check writer contact you to make payment, refer them to the Check Writer Hotline at (888) 440-1811.
- You may contact Victim Services for case updates at (888) 440-1798 anytime.
- Please allow a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not "eligible" for prosecution, you may request the check(s) be returned to pursue a civil remedy.

Filing Instructions

1. Fill out Crime Report completely or go to **https://merchants.checkprogram.com** for electronic filing (requires scanner).
2. Attach copies of original or legal copies of ALL checks (including front and back of checks) and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "COURTESY NOTICE."
3. Mail Bad Check Crime Report and all other correspondence to:

   Victim Services, Inc. Mail Processing
   Anne Arundel County Bad Check Restitution Program
   PO BOX 3026, MISSION VIEJO CA 92690-1026
4. Once a report has been filed: ALL restitution payments must be coordinated by the State's Attorney's Office. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (888) 440-1811.
   DO NOT ACCEPT PAYMENT DIRECTLY FROM CHECKWRITER.