

NEW CASTLE POLICE DEPARTMENT

43 Main Street P.O. Box 367 New Castle, New Hampshire 03854-0367

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BAD CHECK ACCEPTANCE PACKAGE

As part of our efforts to support the citizens and businesses of our community, the New Castle Police Department has instituted a procedure where recipients of misdemeanor bad checks may file a report through the mail rather than await the response of a police officer. This process will make the reporting of bad check offenses easier for the victim, and will not jeopardize the investigation of the offense by the police.

As part of this process, we have revised our acceptance criteria so that we now will accept checks that previously did not meet our time or value requirements. As a general statement, we will accept for prosecution checks from \$25.00 to \$500.00 dollars via the report by mail process. For claims over \$500.00, we ask that the Police Department be called so an officer can be sent to investigate.

The next two pages of this document set forth further criteria for the acceptance of checks by us. These criteria exist because certain legal steps must have been taken for us to continue with court action. Please take a minute to review these requirements prior to taking the next step.

Once you have determined that your check meets the requirements for acceptance by us, you will have to complete pages 4 and 5 of this package. These forms must be filled out completely. Please attach the original check as well as a copy of the registered letter [and the original registered letter receipt]. These are items of evidence and must be present to successfully prosecute the case.

If after review of the paperwork received, additional information is required, someone from the Police Department will contact you. Once the case is processed and the defendant has appeared in court, the prosecutor's office will notify you by mail as to the disposition of the case. If the defendant requests a trial, the employee who accepted the check will be subpoenaed and required to appear at the Portsmouth District Court.

Please begin by answering the following questions. If you answer NO to any of these questions, then your check does not meet the requirements for acceptance

1.	A certified letter, with return receipt, has been sent to the last known address of the writer of the check stating that the check was not honored, and that payment was due within 14 days creceipt of the certified letter?
	YESNO
2.	Has at least 14 days gone by since the writer of the check signed for receipt of the letter?
	YESNO
3.	Was the check presented to the bank within 10 days of being received?
	YESNO
4.	Can you provide the date and time the check was passed and the name of the person that accepted the check?
	YES NO
5.	Can that person identify the passer of the check?
	YES NO
6.	Was some form of identification used to identify the passer of the check and was the type and number of the identification recorded on the check?
	YES NO
7.	Does the amount of the check exceed \$25.00?
	YES NO
8.	Do you know what general items were purchased; i.e. cash, goods, or services?
	YES NO
9.	Is the check less than 90 days old?
	YES NO

In addition to the above requirements, checks will not be accepted under any of the following circumstances.

- The check was accepted in payment for another bad check from the same person?
- When accepted, the writer was allowed to postdate the check.
- When accepted, the writer requested that the check not be cashed for a period of time.
- The check was returned as the result of a "stop payment" request by the writer
- The check is a third party check.
- The check was written as a result of an unlawful transaction.

If you have not met the requirements of this policy, the check will not be accepted for criminal prosecution by this department. If this department does not accept your check, you may pursue the matter in small claims court. This is a civil action, which can be arranged by contacting the Portsmouth District Court at 431-2192 or in person at 111 Parrott Avenue, Portsmouth, New Hampshire.

If your check meets these requirements, please complete and return the following report form.

NEW CASTLE POLICE DEPARTMENT BAD CHECK REPORT BY MAIL

Business	s/Victim Name: DOB:			
Address	ē			
Telephor	ne: Business Home			
Date Document Passed: Time Passed:				
Name of	Person Accepting Document:			
Address	:			
Telephone: Business Home				
Can Suspect be identified?				
By Whom?				
Name of Witness: DOB:				
Address	:			
Telephone: Business Home				
_				
	This section for Police use only.			
	CFS#Date:Case#:			
	Status: UEASummons issued:			
	Arrestee:Age:Sex:			
	Race:Residence:Date of Arrest:			
	Victim notified of action:			

SUSPECT INFORMATION

Name of Suspect:	
Address:	
Telephone: Date of Birth:	
Employer:	
Suspect Description: Sex: Race: Height: Weig	jht:
Hair Color: Eye Color: Build: Glass	ses: YN
Clothing Description:	
Other:	
(E.g., check cashing application)	
DOCUMENT INFORMATION	
Type of Document:	
Date of Document: (must be within past 90 da	ys)
Document Number:	
Firm Name or Personal Name(s):	
Bank Drawn on:	
Account Number:	
Payable to:	
Signature on Face:	
Reason Check not honored:	
Amount: (Must be \$25.00 or more)	
Other restitution: (Return fee, etc.)	