Essex Police Department Bad Check Information Sheet
(please print this form and use when needed)

Vermont Law on Insufficient Fund Checks
Title 13, VSA, Section 2022 -
Bad Check Information Sheet

Firm _________________________________ Telephone ( ___ ) __________________

Address ______________________________ Reported by __________________________

Date check received ___/___/___ Accepted by ________________________________

Can this person identify the person who issued the check: Yes _____ No _____

Issuer ________________________________ Telephone ( ___ ) __________________

Address ______________________________ Age _____ Height _____ Weight _____

_____________________________________ Hair _____ Eyes _____ Glasses _____

Scars/Marks/Tattoos _______________________________________________________

Identification used _______________________________________________________
(i.e. drivers license, courtesy card, social security card, other ID)

Reason check was returned ________________________________________________
(i.e. insufficient funds, no account, account closed, forgery, other)

Restricted delivery letter requesting payment was sent to issuer on ___/___/___
[ ] Letter was accepted by issuer on ___/___/___
[ ] Letter was returned by the Post Office because ______________________________

The following attempts to collect on the check have been made:

________________________________________________________________________
________________________________________________________________________

As of this date ___/___/___ payment has not been received, nor has the issuer made any attempts to pay off the debt.

Date ___/___/___ Signature of complainant _____________________________________

FOR POLICE USE ONLY:

Received at Essex Police ___/___/___ By ______________________________________

Case Number ___ ES __________ Assigned Officer __________________________