POLICE DEPARTMENT
265 N. 200 East
St. George, UT 84770

Date of Report

BAD CHECK REPORT

Request for criminal prosecution

NOTE: Prior to filling out this report please make sure you have read and understand the Bad Check instructions. Reports that are incomplete or improperly filled out can significantly delay or prevent prosecution.

Report type: All bad checks should first be attempted to be resolved under section 76-5-502.2 (Part I of this report) by utilizing a demand letter and attempt to collect by the recipient. If a demand letter or attempt to contact is not possible because of bad information on the check, and elements are met for prosecution under Section 76-6-501.1, then proceed to part II of this report.

PART I	◯ Issuer failed to make good on a refused check within fourteen (14) days of receiving the demand notice (76-6-505.2)
PART II	◯ Issuer knew the check would not be paid by the drawee and the check was refused by the drawee (76-6-505.1)

REPORTING PERSON: (Parts I and II)

Last Name ____ First Name ____ Initial ____ DOB ____

Business name, D.B.A. or AKA ____ Home Phone ____

Street Address ____ UNIT # ____ Work Phone ____

City ____ State UT Zip Code ____ Cell / Other ____

SUSPECT: (Parts I and II)

Last Name ____ First Name ____ Initial ____ DOB ____

Street Address ____ UNIT # ____ Home Phone ____

City ____ State UT Zip Code ____ Work Phone ____

Identification with Check ◯ YES ◯ NO | IF YES Issued by ____ Number ____ | Fingerprint taken? ◯ YES ◯ NO | Cell / Other ____

Has any civil action been pursued or judgement rendered relating to this bad check? ◯ YES ◯ NO IF YES, Explain below.

CHECK INFORMATION: (Parts I and II)

Financial Institution of Check ____ Phone ____

Street Address ____ City ____ State UT Zip Code ____

◯ Checks written on Utah Accounts

◯ Checks written on out of state accounts

Total $ of checks or series of checks written in any six-month period? $ ____

Demand Letter Information: (Part I)

Was a demand letter served ? ◯ YES ◯ NO

Has fourteen (14) days passed since the letter was served? ◯ YES ◯ NO

Original proof of service available? ◯ YES ◯ NO

Was there a response to the demand letter? ◯ YES ◯ NO

If yes describe response : .

Person who served the demand letter:

Last Name ____ First Name ____ DOB ____

Business name, D.B.A. or AKA ____ Home Phone ____

Street Address ____ UNIT # ____ Work Phone ____

City ____ State ____ Zip Code ____ Cell / Other ____

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Information for Closed Accounts (Part II)

Date account Closed _____ Account Closed by: ◯ Financial Institution ◯ Account Holder (suspect)

If closed by Financial Institution how was suspect notified? _____ Date of notification _____

Is there documentation to prove notification? ◯ YES ◯ NO

Part I and II

Narrative:

DOCUMENTS Attached with this report:

- ☐ Copy of check(s) (front and back) Are originals of checks available? ◯ YES ◯ NO
- ☐ Proof of closed account notification from financial institution.
- ☐ Copy of demand Letter
- ☐ Copy of the proof of service for the demand letter
- ☐ Other Documents

List any other attachments below:

NOTE: When submitting by Email ensure all required documents have been attached to the email.

By typing your name and selecting "Submit by Email", you acknowledge all the information contained in the report is true and correct to the best of your knowledge and that you make this report voluntarily and without coercion. In addition, you understand that this report, any documents attached and any statements made may be used in a preliminary hearing. If you make a false report or statement(s) which you do not believe is true, you will be subject to criminal penalty.

NAME _____ DATE _____

Submit by Email

Print Form to sign

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