

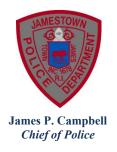
JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835 Tel: (401) 423-1212 Fax: (401) 423-3710 www.jamestownri.net/police



CHECK COMPLAINT PROCESS

- 1. Complaints filed with the Jamestown Police Department will be for PROSECUTION and NOT FOR COLLECTION.
- 2. Checks received in another jurisdiction, post dated checks and second party checks WILL NOT BE ACCEPTED.
- 3. The person cashing the check must produce proper identification such as a valid operator's license. The police cannot successfully prosecute without positive identification. DATE OF BIRTH IS REQUIRED.
- 4. It is required that prior to filing a complaint, the check writer has to be contacted and informed of the check by CERTIFIED (RETURN RECEIPT REQUIRED) LETTER, at the writers last known address. The writer is to be informed that he/she has seven (7) days to make restitution. At the end of this period a report will be taken by this department. If the letter is not deliverable at the writers last known address the complainant must sign an affidavit (notarized) stating that the person does not reside at that address. If this is not done the Court will dismiss the case.
- 5. The person receiving the check must be willing to testify in Court in the event that the defendant wants a trial. If the person receiving the check fails to appear in Court after being notified, the case will be dismissed and the check returned to the complaint.
- 6. If a check is returned "stolen", "forged", etc. a complaint may be filed immediately.
- 7. All complaints will be filed in person and will be accompanied by a return completed Complaining Witness Statement. All original checks, return receipts, and a copy of the certified letter must accompany the statement.
- 8. All complaints must be filed WITHIN 45 days of the offense. It is important that once a check is returned from the bank for stated reasons, the above steps to be taken immediately.
- 9. If you have any questions or concerns you may contact the Jamestown Police Department Detective Division at 401-423-1212.



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Check Complaint Statement of Complaining Witness

I,	, voluntarily and withou	at threats or promises, make th	ne following
statements.	•	•	G
My name is:		_ Date of birth:	
My address is:			
Home phone #:	Cell phone #:		
On,	Name of person who wrote the check	presented check(s) #:_	
in the amount(s) of \$	made pa	yable to	,
located at		, as payment for §	goods and/or
services rendered. The ch	eck(s) was drawn on	Name of bank check issued by	and returned with the
following notation:	Insufficient Funds / Account Closed / etc	On	a certified
letter was sent to	Name of person who wrote the check	As of the date of this c	omplaint the total
amount of \$	is still due	u	sed the following as
identification when presen	nting the check for payment:		
Type of ID (ie driver's license)	/	/	birth on ID
The person or cashier who	o accepted the check was		
I request the Jamestown F with Rhode Island Genera	Police Department investigate al Laws.	this complaint, and to prosecu	nte in accordance
Complainant's Signa	iture	Date	

This form must be completed in its entirety, and submitted along with the original certified letter return receipt.