

CHECK PROCESSING REPORT

**Roseburg Police Department
205 SE Jackson Street
Roseburg, Oregon 97470
(541) 673-6633**

Date _____

Time _____ (Submitted)

INSTRUCTIONS TO REPORTING PARTY – PLEASE READ

Please complete both sides of this form.

1. **No Check(s) under \$75.00** (Exception – See #2)
2. Several Checks from the **same account** that total or exceed \$75.00.
3. No checks will be accepted if over 60 days old.
4. Picture I.D. must be presented unless passer is known by acceptor. Acceptor must be identifiable.
5. No out of state, two party or payroll checks.
6. This form must be completed legibly in ink, as this report will be used by the courts.
7. Prosecution cannot commence or continue if any payment is accepted.
8. A letter of demand must be sent to the check writer by certified U.S. Mail and forwarded with this report.

Date certified letter sent _____ Date certified letter returned _____

REASON CHECK WAS RETURNED (CIRCLE ONE)

N.S.F.

ACCOUNT CLOSED

STOP PAYMENT

Address of Occurrence _____
Street Name/Number City State Zip

Date check was written _____ Date Check was returned _____

NOTE: Forgery cases must be filed on a Police Complaint Report

Firm / Victim _____ **Telephone** _____

Address _____

Reported by name _____ DOB _____ Phone _____

Address _____

Accepted by – (name) _____ DOB _____ Phone _____

Check passer identified by _____

Check passer personally known by employee Yes _____ No _____

Written in presence of employee Yes _____ No _____

If yes, What part? _____

Other steps taken to recover loss _____

CHECK INFORMATION

Bank _____ Branch _____ Account # _____

Pay to the order of _____ Amount _____ Check # _____ Date _____

Written in: Ink _____ Other _____

Account Owner(s) Name _____

Address _____

DOB _____ ODL # _____ Telephone # _____

Date account owner notified _____

How notified: Phone _____ In Person _____ Mail _____ Certified _____

Can account owner be identified?

Yes	No	Description	_____					
			Sex	Height	Weight	Hair	Eye	Build

Was account owner accompanied?

Yes	No	Description	_____					
			Sex	Height	Weight	Hair	Eye	Build

Signature of person reporting _____ Date _____