



**OFFICE OF
THE DISTRICT ATTORNEY
NASSAU COUNTY**

ANNE T. DONNELLY
DISTRICT ATTORNEY

BAD CHECK INTAKE FORM

TODAY'S DATE: _____

(For office use only) _____

1. PLEASE PRINT CLEARLY IN DARK INK. DO NOT WRITE ON THE BACK OF THE PAGE.
2. COMPLETE THE ENTIRE FORM, SIGN WHERE INDICATED, AND PROVIDE PHOTO ID.
3. PLEASE ATTACH COPIES OF EACH CHECK (BOTH SIDES) AND CERTIFICATE OF PROTEST FROM BANK.
4. PROVIDE COPY OF DEMAND LETTER SENT TO SUBJECT BY REGULAR AND CERTIFIED MAIL WITH COPY OF CERTIFIED MAIL RECEIPT.
5. COMPLETE A SEPARATE "CHECK DETAILS" PAGE FOR EACH UNPAID CHECK.
6. IF YOU ARE SUBMITTING ELECTRONICALLY, PLEASE EMAIL YOUR COMPLETED FORM AND DOCUMENTS TO INFO@NASSAUDA.ORG

| COMPLAINANT: (Individual Person Making Complaint) | | SUBJECT: (Individual Person Complaint is Against) | |
|---|---------------|---|---------------|
| NAME | DATE OF BIRTH | NAME | DATE OF BIRTH |
| ADDRESS | | ADDRESS | |
| CITY, STATE, ZIP | | CITY, STATE, ZIP | |
| PHONE | EMAIL | PHONE | EMAIL |

| CORPORATION OR COMPANY: (Making Complaint) | | SUBJECT: CORPORATION OR COMPANY (Complaint Against) | |
|--|-------|---|-------|
| NAME OF BUSINESS | TITLE | NAME OF BUSINESS | TITLE |
| ADDRESS | | ADDRESS | |
| CITY, STATE, ZIP | | CITY, STATE, ZIP | |
| PHONE | EMAIL | PHONE | EMAIL |

| CHECKS | | | BANK INFORMATION | |
|-----------|------------|--------|------------------|---------|
| CHECK NO. | CHECK DATE | AMOUNT | BANK NAME | ADDRESS |
| CHECK NO. | CHECK DATE | AMOUNT | BANK NAME | ADDRESS |
| CHECK NO. | CHECK DATE | AMOUNT | BANK NAME | ADDRESS |
| CHECK NO. | CHECK DATE | AMOUNT | BANK NAME | ADDRESS |

CHECK DETAILS (PLEASE COMPLETE A SEPARATE PAGE FOR EACH UNPAID CHECK):

Check No. _____ Reason Returned: _____

1. Was check received from subject or corporation through the mail? YES NO
If yes, did you retain the envelope? YES NO
2. Was this check post-dated (date on check is AFTER date it was received)? YES NO
3. Did the person who gave you this check ask you to hold it for any period of time? YES NO
4. Location (address) where this check was received from the subject. _____
5. Give the name and title of the person who accepted this check (clerk, truck driver, etc.) _____
6. State the exact date this check was presented to the person who accepted it. _____
7. Did you obtain a bank Certificate of Protest for this check? If yes, provide copy. YES NO
8. Has the subject made partial payment on the check? YES NO
If yes, state the date, amount, and details of payment. _____

NATURE OF TRANSACTION:

- In exchange for merchandise In exchange for a service To pay a debt Other
- Did you have a prior business relationship with subject? YES NO

ATTEMPTS YOU HAVE MADE TO COLLECT THIS CHECK:

1. Did you, your attorney or a collection agency send the subject a letter demanding that the subject make good on the check? If yes, submit a copy if available. YES NO
2. Did you **phone** or **visit** the subject? If yes, give date and details of the phone call. _____
3. Have you ever sued the subject in Small Claims Court or any other court regarding this check? YES NO
If yes, describe in detail. _____
4. Did you make any other efforts to collect this check? Give details. YES NO
5. Has the subject made an application for bankruptcy? YES NO
If so, are you listed as a creditor? YES NO

IDENTIFICATION:

1. When you received the check, did you know the person who gave you the check? YES NO
If you answered no, what identification did you require? (Driver's license, credit card, etc.) Did you take a photograph? Please describe in detail. _____
2. If you are required to go to court for this matter, would you or the person who accepted this check be able to point out and identify the individual who passed the check? YES NO

ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO §210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

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SIGNATURE OF COMPLAINANT