



## BAD CHECK CRIME REPORT

### QUEEN ANNE'S COUNTY STATE'S ATTORNEY LANCE G. RICHARDSON

**Bad Check Program Address:**  
136 North Commerce Street  
Centreville, MD 21617

**Bad Check Program Contact:**  
(410) 758-2264

**Ineligible Checks:**

The following types of checks are ineligible for the program:

- \*Two-party checks
- \*Credit Card Checks
- \*Partially re-paid checks
- \*Post/pre-dated or altered checks
- \*Checks passed outside of your county
- \*Checks you agreed to hold before depositing

**Victim/Merchant Information:**

Victim/Merchant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Victim Contact Information: (Required) Email: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

*A \$15 per check fee is automatically added to restitution; as long as a notice of the service charge was conspicuously displayed.*

Is a notice of the service charge conspicuously displayed on your premises? \_\_\_\_ Yes \_\_\_\_ No

**Check Writer Information:**

Check Writer's Name: \_\_\_\_\_ Driver's License # / Other ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City State Zip Code State Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ Other ID: (If applicable) \_\_\_\_\_

Check writer must be given ten (10) days from the date of refusal to make good on their check.

**Check Information:**

| Check Number | Date Passed | \$ Amount of Check | Name of person accepting check<br><i>(if no longer employed please list manager)</i> | Can person ID check writer?<br>Yes or No |
|--------------|-------------|--------------------|--|--|
|              |             |                    |  |  |
|              |             |                    |  |  |
|              |             |                    |  |  |
|              |             |                    |  |  |

Address of where check was accepted:  
(if different than Victim/Merchant Address listed above) \_\_\_\_\_

**Victim Verification:**

- I will not accept direct payment from the check writer after filing this report with the Program.
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Program.
- If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecution review.
- I attest that I have waited 10 days from the date of refusal and it remains unpaid.
- I have reviewed the filing instructions; I hereby affirm and attest under penalty of perjury, that all information provided on this crime report is true to the best of my knowledge.

X \_\_\_\_\_  
Signature of Person Filing (Required) Print Name of Person Filing Date Filed