# BAD CHECK CRIME REPORT
## KOSCIUSKO COUNTY PROSECUTING ATTORNEY
### J. Brad Voelz

**Bad Check Program Address:**

**Kosciusko County Prosecuting Attorney**
**Bad Check Program**
**121 N. Lake St.**
**Warsaw, IN 46580**

## 1. Determine Eligibility

**The following types of checks are ineligible for the program:**

*Two-party, payroll, credit card or rent checks *Partially re-paid checks *Fraudulent or stamped lost/stolen/forged/stop payment
*Checks written over 180 days ago *Post/pre-dated or altered checks *Checks you agreed to hold before depositing
*Checks passed outside of the county *Checks which are repayment of loan or civil contract agreement

## 2. Victim Information

**Victim/Merchant**
**Name:_____**
**Contact Name: _____**
**Title:_____**
**Victim Contact Information: Email: _____**
**(Required)**
**Phone:(_____)_____Fax:(_____)_____**
• ***Email and/or fax are required for acknowledgement receipt of check and/or Program communication***
**Address:_____City:_____State:_____**
**Zip Code:_____**

## 3. Check Writer's Information

**Check Writer's Name:_____**
**Address:_____Apt:_____**
**City:_____ State:_____ Zip Code:_____**

**Home Phone:(_____)_____Other Phone:(_____)_____**
**Driver's License # / Other ID #:_____State: _____**
**Date of Birth: _____/_____/_____**

**Other ID: (if applicable)_____**

## 4. Check Information

| **Check #:** | **Date Passed** | **$ Amount** | **Name of person accepting check** |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**Can person identify check writer? Yes No**
**Did person compare photo on ID with actual check writer? Yes No**

**Address where check was accepted (if different than above in Step 2):**

**_____**

**City:_____ State:_____ Zip Code:_____**

## 5. Victim Verification

- I will not accept direct payment from the check writer after filing this report with the Program. Please refer check writer to (574) 372-2420.
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Recovery Program.
- If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecutor recovery.
- It is my obligation and responsibility to update my contact information with the Kosciusko County Prosecuting Attorneys Bad Check Recovery Program. If the Bad Check Recovery Program administrator cannot locate me at the contact information which I have provided (as evidenced by a notice which was sent to the last known address and returned as undeliverable for any reason), then I hereby transfer any check ownership, collection rights, and ownership of proceeds to the Kosciusko County Prosecuting Attorneys Office.
- 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**