



BAD CHECK CRIME REPORT

LEHIGH COUNTY DISTRICT ATTORNEY

JAMES B. MARTIN

Bad Check Program Address:

P.O. Box 988
Allentown, PA 18105-0988

Bad Check Program Contact:

610-782-3100

Step 1
Confirm Eligibility

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

- Two-party checks
- Partially re-paid checks
- Fraudulent or stamped lost / stolen / forged
- Payroll or credit card checks
- Post / predated or altered checks
- Checks you agreed to hold before depositing
- Checks passed outside of your county
- Checks which are repayment of loan or civil contract agreement

Step 2
VICTIM Information

Victim / Merchant Name: _____

Contact Name: _____ Title: _____

Victim Contact Information (*required*): Email: _____

Phone: _____ Fax: _____

Email and/or fax are required for acknowledge receipt of check and/or Program communication.

Address: _____ City: _____ State: _____ Zip: _____

A \$20 per check fee is automatically added to restitution; as long as a notice of the service charge was conspicuously displayed.
Is a notice of a service charge conspicuously displayed on your premises? Yes No

If you were charged service fees in excess of \$50, you may recover those total fees. Fill in amount here \$ _____

Step 3
CHECK WRITER Information

Check Writer's Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Driver's License # / Other ID # _____

State _____ / _____ / _____
Date of Birth

Other ID (if applicable) _____

Written notice must be sent to recover the bad check(s) in question. If no attempt has been made, the check is not eligible for prosecution. (See sample notice on back.)

Step 4
CHECK Information

Check No.	Date Passed	\$ Amount	Name of person accepting check <small>(if no longer employed please list manager)</small>	Can person ID check writer?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

City: _____ State: _____ Zip: _____

Step 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 610-782-3100.
- 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 sent certified notice to the check writer and after 10 days 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.

Sign & Date X _____

Signature of Person Filing (Required) Print Name of Person Filing Date Filed

Staple original or bank-generated substitute check here

Sample “Courtesy Notice”

Date _____

Dear Check Writer:

You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$ _____, the total amount due being \$ _____.

Unless this amount is paid in full within the time specified above, we may turn over the dishonored check and all other available information relative to this incident to the District Attorney’s Office for potential criminal prosecution.

Closing,

Your name / address _____

Bad Check Program Information

As a victim of a bad check you may file this report with the Lehigh County District Attorney, provided there is sufficient information, and that the check meets all eligibility guidelines. The Lehigh County District Attorney’s Office will seek full restitution for victims whenever possible; however, please keep in mind that the Bad Check Restitution Program can make no recovery guarantees. By submitting the check to the program you surrender control of the check to criminal process and forgo the opportunity to pursue civil debt collections.

A check will be deemed ineligible and returned to you to pursue a civil remedy, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payment,
- A check issued by someone not competent or of legal age,
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check,
- A check issued to pay an obligation arising from an illegal transaction.

What to do after my crime report is filed with the Program

- Please **do not** accept direct payments from check writers.
- You may contact the Lehigh County District Attorney’s Office for case updates at 610-782-3100.
- Please allow a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not “eligible” for prosecution, you may request the check(s) be returned to pursue a civil remedy.

Filing Instructions

1. Fill out Report Completely.
2. Attach checks and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF “COURTESY NOTICE,” “RETURN ITEM” NOTICE FROM THE BANK (WITH FEES).
3. Mail Bad Check Crime Report and all other correspondence to: Lehigh County Bad Check Restitution Program
P.O. Box 988, Allentown, PA 18105-0988
4. Once a report has been filed: ALL restitution payments must be coordinated by the District Attorney’s Office. Should the check writer contact you to make payment, direct them to the District Attorney’s Bad Check Restitution Program at 610-782-3100.
5. DO **NOT** ACCEPT PAYMENT DIRECTLY FROM THE CHECK WRITER.