The Baker City Police Department investigates reports of bad checks that are written for an amount GREATER than $50.00 and attempts to get them prosecuted through the Baker County Justice Court; checks written for less than $50.00 are handled by the Baker County Sheriff’s office.

To pursue criminal prosecution, you must be familiar with Oregon State Law and recognize that you have responsibilities in this process. Please note the type or definition of bad check you may have received, as listed below:

A. **FORGED:** Forged checks are criminal problems the instant they are written. All forged checks in any amount should be immediately referred to the police department.

B. **ACCOUNT CLOSED:** Account closed checks are also considered criminal the moment they are written. There are problems if the bank cannot tell us when the customer was notified the account was closed. During these instances, account-closed checks must be handled as insufficient funds (NSF) checks. We will not accept checks written for under $50.00.

C. **NON-SUFFICIENT FUND (NSF):** According to the Oregon Revised Statues, non-sufficient fund checks are civil problems at the time they are written. We will not accept checks written for under $50.00. In order to move forward with criminal prosecution of an NSF check, the recipient of the NSF check must complete the following steps:

1. State law requires that an attempt is made to notify the person who wrote the check that their check has bounced.
   a. Send letters to the best address you have for the person who wrote the check. **We recommend sending a letter certified or registered “Return Receipt Requested” as documented proof should the case go to court.**

2. Once the person has been advised, they have ten (days) to make the check good before the matter becomes a criminal problem.

3. On the eleventh day, bring the non-sufficient fund check to the Police Department with the completed form below and we will attempt to investigate the case and pursue criminal prosecution.
CHECK INFORMATION FORM

CASE #______________________________________________

Please complete this form when a check is returned to you by the bank for “Insufficient Funds” (NSF), “Account Closed”, or “No account”. Answer all the questions to the best of your ability. When the form has been completed, bring the form and check to the Police Department. An officer will take a report and begin an investigation for prosecution. Handle the check as little as possible. Place in an envelope and attach to this form.

1. PERSON OR FIRM TO WHOM CHECK PAYABLE
   Fill out Completely
   Name: ____________________________________________ Date of Birth: __________
   Last     First     M.I.
   Business Address: __________________________ Telephone #: __________
   Home Address: ___________________________ Telephone #: __________

2. PERSON RECEIVING OR ACCEPTING CHECK
   Fill out Completely
   Name: ____________________________________________ Date of Birth: __________
   Last     First     M.I.
   Business Address: __________________________ Telephone #: __________
   Home Address: ___________________________ Telephone #: __________

3. PERSON WHO CAN PHYSICALLY IDENTIFY WRITER OF CHECK
   If same as #2, write “Same”
   Name: ____________________________________________ Date of Birth: __________
   Last     First     M.I.
   Business Address: __________________________ Telephone #: __________
   Home Address: ___________________________ Telephone #: __________

4. CHECK INFORMATION
   Handle the check as little as possible
   Fill out Completely
   Write of check: ___________________________ To Whom Payable: __________________________
   Bank on which check is written: __________________________ Amount $: __________
   Date of Check: ____________ Endorser if any: __________________________
   Type of Check: ________Personal_________ Company ________ Two Party
   If Two Party, name of other party: __________________________
   Address on Check: __________________________ Telephone: __________________________
   Date Check sent to the bank for payment: __________ Date Returned: __________
   Documentation that writer of check was notified (copy of letter, certified mail, receipt, etc.):
   __________________________
   __________________________
   __________________________
   __________________________

Response of check writer to notification by you of bank’s refusal to pay (if further space needed, use back of form.) Attach any letters or notes received from check writer.
   __________________________
   __________________________
   __________________________
   __________________________
Any additional information on efforts made to contact the writer/passer of the check and responses received (if further space is needed, use back of form)

____________________________________________________________________________________________________

5. CHECK WRITER OR CHECK PASSER INFO

Fill out completely
Name: ____________________________ Date of Birth: ____________________________

                        Last                  First                      M.I.
Business Address:__________________________________________________________ Telephone #:__________________________
Home Address:____________________________________________________________ Telephone #:__________________________

APPROXIMATE

Sex:________ Race:________ Age:________ Height:________ Weight:________ Eye:________ Hair:________

Type of Clothing, Glasses, Hats, etc:__________________________________________

______________________________________________________________________

Noticeable physical characteristics (scars, speech, etc):____________________________

______________________________________________________________________

Driver’s License #:________________________ State:________________
Other credit card or identification numbers or information:_______________________

______________________________________________________________________

Vehicle description, license number, if known:_______________________________

Any additional info that would assist in locating and identifying the check writer/passer (if more space is needed use other side of this form):_____________________

______________________________________________________________________

______________________________________________________________________

6. PROPERTY LOSS

What was given in exchange for the check (cash, goods, services, etc.) Please itemize if possible:______________________________

______________________________________________________________________

______________________________________________________________________

___________________________________________________________

I, the undersigned, represent and declare the foregoing information is true and correct to the best of my knowledge and belief and that I wish to prosecute the writer or passer of this check and I will not compromise such prosecution by accepting payment of the check until prosecution has been completed.

Signed:___________________________________________________________
Position with firm or business: ______________________

Date: ________________________________

After completing this form, attach the check to the form and bring this information to the Baker City Police Department.

Below this line to be filled out by the Baker City Police Department

Date and Time form received: ________________________________

Form received from: ________________________________

Officer receiving form: ______________________ DPSST# ____________