

**HOBBS POLICE DEPARTMENT
WORTHLESS CHECK CRIME REPORT**

DATE: _____

REPORT #: _____

CALL #: _____

UCR CODE: _____

THIS FORM IS FOR FILING CRIMINAL CHARGES ONLY.
IF YOU DESIRE RESTITUTION YOU MUST FILE CIVIL ACTION WITH MAGISTRATE COURT.

Felony Check over \$100.00 ____ (30-36-4) Misdemeanor check \$1.00 to \$100.00 ____ (9.24.170)

Please complete the form in black ink only. Attached is a sample "notice letter" that must be mailed to the check issuer by certified mail, return receipt requested. You will need to maintain the original returned check(s), copy of the notice letter and the certified mail returned receipt for your records.

Once you have completed this form, attach a copy of each check (front and back), a copy of the "notice letter" and a copy of the certified return receipt showing who signed for the letter.

The District Attorney's Office will not prosecute the following checks:

1. Out of state checks with the exception of Gaines, Yoakum or Andrews Counties, Texas
2. Checks without proper identification, i.e. failing to get a D.L. # or D.O.B.
3. Checks paid on open or charge accounts.
4. Post dated checks.
5. Checks held past the statute of limitations.

If this is a misdemeanor check, you must contact the City Attorney's office at (575) 397-9226 in order to file the criminal charges. A copy of this report may be obtained at the Hobbs Police Department three working days after the report is filed.

AGREEMENT STATEMENT

I wish to file a criminal complaint with the District Attorney's Office or City Attorney's Office against the listed offender. I agree to immediately notify the District Attorney's Office or City Attorney's Office upon receipt of any restitution made by the subject of this report, and to indemnify and hold harmless the State of New Mexico or City of Hobbs for any liability incurred because of my failure to so notify.

Signature of Victim or Authorized Agent: _____ Date: _____

Police Department Use Only	
Reporting Officer: _____	Date Accepted: _____
Approving Supervisor: _____	Date Approved: _____

1. VICTIM INFORMATION (person or business the check is made out to)

Victim Name: _____ Victim Phone #: _____

Victim Address: _____ Victim Date of Birth: _____

(If For a Business)

Reporting Person's Name: _____ Date of Birth: _____

R. P.'s Address: _____ R.P.'s Phone #: _____

2. OFFENDER INFORMATION

Check Issuer's Name: _____ Phone #: _____ Date of Birth: _____

Address: _____ Social Security #: _____

Driver's License # & State: _____ Sex: _____ Race: _____

Vehicle make & model: _____ Vehicle License and State: _____

3. CHECK #1 INFORMATION

Name(s) Imprinted on Check: _____ Date on Check: _____

Address on Check: _____ Check #: _____

Check Payable to: _____ Amount of Check: _____

Bank: _____ Branch: _____ Account: _____

4. REASON FOR RETURN (Check Appropriate Reason)

- A. Insufficient Funds _____
- B. Account Closed _____
- C. Other _____

What was purchased with the check? _____

Person Accepting Check: _____ D.O.B.: _____ Phone: _____

Address: _____ Social #: _____

5. PLEASE CIRCLE APPROPRIATE ANSWER TO THE FOLLOWING QUESTIONS:

- | | | |
|--|-----|----|
| 1. Can acceptor identify offender? | Yes | No |
| 2. Did acceptor see offender write or sign check? | Yes | No |
| 3. Did acceptor obtain D.L. information from D.L obtained from offender? | Yes | No |
| 4. Was an agreement made to hold the check? | Yes | No |
| 5. Has partial restitution been accepted by the payee? | Yes | No |
| 6. Was the check post dated? | Yes | No |

ADDITIONAL CHECKS BY THE SAME OFFENDER TO THE SAME VICTIM

CHECK #2 INFORMATION

Name(s) Imprinted on Check: _____ Date on Check: _____
Address on Check: _____ Check #: _____
Check Payable to: _____ Amount of Check: _____
Bank: _____ Branch: _____ Account: _____

REASON FOR RETURN (Check Appropriate Reason)

- A. Insufficient Funds _____
- B. Account Closed _____
- C. Other _____

What was purchased with the check? _____

Person Accepting Check: _____ D.O.B.: _____ Phone: _____
Address: _____ Social #: _____

PLEASE CIRCLE APPROPRIATE ANSWER TO THE FOLLOWING QUESTIONS:

- | | | |
|--|-----|----|
| 7. Can acceptor identify offender? | Yes | No |
| 8. Did acceptor see offender write or sign check? | Yes | No |
| 9. Did acceptor obtain D.L. information from D.L obtained from offender? | Yes | No |
| 10. Was an agreement made to hold the check? | Yes | No |
| 11. Has partial restitution been accepted by the payee? | Yes | No |
| 12. Was the check post dated? | Yes | No |

CHECK #3 INFORMATION

Name(s) Imprinted on Check: _____ Date on Check: _____
Address on Check: _____ Check #: _____
Check Payable to: _____ Amount of Check: _____
Bank: _____ Branch: _____ Account: _____

REASON FOR RETURN (Check Appropriate Reason)

- A. Insufficient Funds _____
- B. Account Closed _____
- C. Other _____

What was purchased with the check? _____

Person Accepting Check: _____ D.O.B.: _____ Phone: _____
Address: _____ Social #: _____

PLEASE CIRCLE APPROPRIATE ANSWER TO THE FOLLOWING QUESTIONS:

- | | | |
|---|-----|----|
| 13. Can acceptor identify offender? | Yes | No |
| 14. Did acceptor see offender write or sign check? | Yes | No |
| 15. Did acceptor obtain D.L. information from D.L obtained from offender? | Yes | No |
| 16. Was an agreement made to hold the check? | Yes | No |
| 17. Has partial restitution been accepted by the payee? | Yes | No |
| 18. Was the check post dated? | Yes | No |

(Note: This letter must be sent certified mail, return receipt requested)

Date:

From: _____

To: _____

Dear Mr./Mrs./To Whom It May Concern:

You are hereby notified that your check # _____ issued to _____ (insert business name or person check was issued to) on _____ (date of check) in the amount of # _____ and was signed by _____ . This check has been presented to the bank on which it was drawn and has been returned to us unpaid for the following reason _____ (insert reason bank returned check, i.e. insufficient funds, closed account, etc) _____ .

We request that you come to this place of business to redeem the check or mail to the address above a valid money order or cashier's check in the amount of \$_____. This amount includes a \$_____ returned check service fee per check.

Please give this matter your prompt attention as this is your three day legal notice as required by New Mexico law.

Sincerely,
