## CITY OF CRAIG

## REQUIRED GUIDELINES FOR CHECK PROSECUTION

- No two-party checks or payroll checks.
- 2. All efforts to collect on the check have been exhausted and a certified letter has been mailed by first class mail, return receipt requested, to the drawer utilizing the address appearing on the dishonored check or last known address. This letter should inform the drawer of the returned check and give him/her 15 days from the date the letter was mailed to make full payment. A return receipt showing the date and signature of the person accepting this letter is required.
- 3. No out of state checks.
- 4. No counter checks or checks that do not have the name(s) printed on them.
- 5. Alaska driver's license number required on all checks or at least two pieces of identification taken by the clerk printed on the check.
- 6. No check will be accepted for prosecution older than 90 days.
- 7. No post-dated checks.
- 8. No hold checks or checks where the drawer has made any indication that the check is not good at the time of issuance.
- 9. No checks from anyone who appears to be under the influence of alcohol or narcotics.
- 10. Initials of the clerk or person accepting the check must be on the check.
- 11. No payment has been accepted, either in part or in full, for the check.
- 12. Payment of the check was refused by the bank for lack of funds upon presentation within 30 days after issue.

## CRAIG POLICE DEPARTMENT NSF CHECK REPORT

Case	No.	
Case	No.	

The following form must be filled out for each check submitted to the Craig Police Department for prosecution. Each blank must be answered to the best of your ability. If the answer is not know write "UNKNOWN" or "NONE". The person receiving the check is known as the COMPLAINANT. This form must be signed by the employee accepting the check and the COMPLAINANT receiving the check or his authorized agent. **No Action Will Be Taken On Any Case Unless Each Blank Is Completed.** 

Name of Complainant							
Address				Phone No.			
Type of Business							
Name of Person Accepting Check				Position			
What Was Purchased				Are Employees Initials or Number On Check YES NO			
Name of Person Who Is Drawer On Check					Were They Identified		
Other Information SSN Address, Phone Etc.							
Check No.	Amount of Check \$			ccount umber			
Date Issued	Date Issued Date Returned		В	Bank			
Reason Check Was Refused By Bank NSF ACCOUNT CLOSED OTHER							
Date Check Presented To Bank  Number of Times Check Presented To Bank				Date Letter S To Issuer	ent		
Did The Person Request The Check Be Held For Any Length Of Time Before Cashing YES NO  Was The Check Post Dated YES NO USPS Return Receipt Attached							
Have Any Payment Been Made Or Any Type of Payment Plan Made							
It is understood and agreed that the check here attached is being presented for criminal action to the Craig Police Department, and the undersigned. Its agent and employees will cooperate in the prosecution of the crime herein. The facts above are hereby certified as being true by the undersigned.  Dated ThisDay of20							
(Complai	nant)			(Pe	erson Accepting C	Check)	

Please attach a copy of letter sent to Drawer/Check owner and USPS return receipt. The original returned check must be turned in as Evidence in this matter. If you have any question please contact the department 826-3330

ADDITIONAL INFORMATION: prosecuting this matter.	Please list any additional information which will assist us in