



Crestwood Police

Case Number:

Dear Business Owner,

We recognize that BAD CHECKS are a significant problem for businesses and we, at the Crestwood Police Department are constantly looking for the most efficient and effective way to assist our valued businesses in locating and prosecuting those persons responsible for defrauding you of your goods and/or services. In that regard, we have developed this form and the accompanying process to assist you in helping us, by making you aware of those particular items of evidence that are considered crucial to a successful prosecution. This process and form are to be used for checks returned from the bank for the reasons of:

Insufficient Funds, Closed or No Account

Please remember that the St. Louis County Prosecutor requires that proper notice be given to someone who has failed to satisfy the face value of a check returned under the above conditions. Before we accept custody of this case, you must establish that you have properly complied with the procedure outlined by the County Prosecutor. In that regard, we will accept only those cases when a copy of the Prosecutor's 10-day letter is attached to this report.

Person/Company Presenting Check:

Form with fields: Company / Business Name, Phone Number, Store Address, Employee Representative.

As a duly authorized Agent Representative of the above listed Company I state that it is the desire of this Company to elicit the assistance of the Crestwood Police Department in prosecuting the individual(s) responsible for defrauding the Company of goods and/or services. I am aware that Missouri Statutes (570.123) allows for the filing of civil action that is designed to recover the face value of the check in question, plus additional compensation of up to three times the face value, not to exceed \$100. By filing this police report, I (we) have made a decision to proceed with criminal prosecution and agree to serve as witness, provide testimony, and cooperate fully with this investigation.

Once initiating this process, I (we) understand that acceptance of full or partial payment in this matter, other than as provided by the Court, is detrimental to the criminal prosecution that we have requested. Failure on my (our) part to fulfill the obligations set forth may be the cause for future adverse considerations with regard to the acceptance and investigation of BAD CHECKS.

Signature of Authorized Agent

Check Description:

Form with fields: Payable To, Drawn on Bank (Name/Branch), Phone, Name of Account Holder, Reason for Return of Check, Address of Account Holder, Check No., Date, Amount, City, State, and Zip Code, What was Check for?:

Please make sure that you have attached both the original check and the St. Louis County Prosecuting Attorney's "10 day letter". We will be unable to proceed without both of these items.