

NSF/ACCOUNT CLOSED CHECK REPORT

James V. Young, Prosecuting Attorney
Sanilac County, Michigan

Date This Report Completed: _____

File this report with your Local, County or State Police Department.

Name of Department Accepting Report

Please provide the following information – **TYPE** or **PRINT** in **INK**
Remember to sign at the bottom.

*****COMPLETE A SEPARATE FORM FOR EACH CHECK*****

Receipt of the Check

Name/Business: _____ Phone: _____

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

Person Receiving Check: _____

Can this person identify the check passer? Yes _____ No _____

Nature of Transaction

At the time the check was accepted, were any of the following true?

- | | | |
|---|-----------|----------|
| 1) Check was "Post-Dated"? | Yes _____ | No _____ |
| 2) Check was received by mail? | Yes _____ | No _____ |
| 3) Check was "Two-Party"? | Yes _____ | No _____ |
| (Check had been endorsed to person other than the payee) | | |
| 4) Check was for payment on an account? | Yes _____ | No _____ |
| 5) Receiver was asked to hold the check? | Yes _____ | No _____ |
| 6) After the check was dishonored by the bank, have you entered into an agreement to repay the check? | Yes _____ | No _____ |

If **ANY** of the above answers are "**Yes**" the matter is civil, and you should file a claim in the Small Claims Court. If not, proceed with the next steps.

