



BAD CHECK CRIME REPORT LEBANON COUNTY DISTRICT ATTORNEY DAVID J. ARNOLD, JR.

Bad Check Program Address:
400 South Eighth Street, Room 11
Lebanon, PA 17042

Bad Check Program Contact:
(717) 228-4403

Ineligible Checks:

The following types of checks are ineligible for the program:

- *Two-party checks
- *Credit Card Checks
- *Checks passed outside of your county
- *Partially re-paid checks
- *Post/pre-dated or altered checks
- *Fraudulent or stamped lost/stolen/forged
- *Checks you agreed to hold before depositing

Victim/Merchant Information:

Victim/Merchant Name: _____

Contact Name: _____ Title: _____

Address: _____
Street
City
State
Zip Code

Victim Contact Information: Email: _____
 (Required) Phone: (____) _____ Fax: (____) _____

A \$50 per check fee is automatically added to restitution; as long as a notice of the service charge was conspicuously displayed.

Is a notice of the service charge conspicuously displayed on your premises? ____ Yes ____ No

Check Writer Information:

Check Writer's Name: _____ Driver's License # / Other ID #: _____

Address: _____
Street
City
State
Zip Code
State:
Date of Birth: _____

Phone: (____) _____ Other Phone: (____) _____ Other ID: (If applicable) _____

Written notice must be sent to recover the bad check(s) in question. If no attempt has been made, the check is not eligible for prosecution. (See sample notice on back.)

Check Information:

Check Number	Date Passed	\$ Amount of Check	Name of person accepting check <i>(if no longer employed please list manager)</i>	Can person ID check writer? Yes or No

Address of where check was accepted: _____
 (if different than Victim/Merchant Address listed above) _____

Victim Verification:

- I will not accept direct payment from the check writer after filing this report with the Program.
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Program.
- If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecution review.
- I attest that I have sent notice to the check writer and after 10 days it remains unpaid.
- I have reviewed the filing instructions; I hereby affirm and attest under penalty of perjury, that all information provided on this crime report is true to the best of my knowledge.

X _____
 Signature of Person Filing (Required) Print Name of Person Filing Date Filed

Bad Check Program Information:

You may file this report with the Lebanon County District Attorney provided there is sufficient information, and that the check meets all eligibility requirements. The Lebanon County District Attorney's office will seek full restitution for victims of bad check writers whenever possible; however, please keep in mind that the Bad Check Restitution Program can make no recovery guarantees. By submitting the check to the program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. "Restitution" refers to the face value of all checks listed on this report along with "stated" bank charges assessed by your bank.

A check will be deemed ineligible and returned to you pursue civil action, if a filed check is later determined to be:

- A stop payment check where the issuer acted in good faith and with reasonable cause in stopping payments,
- A check issued by someone not competent or of legal age,
- A check dishonored due to bank error or failure to notify the check writer of bank adjustment of a check,
- A check issued to pay an obligation arising from an illegal transaction.

Filing Instructions:

1. Fill out form completely.
2. Attached checks and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "COURTESY NOTICE", BANK NOTICE OF RETURN ITEM (WITH FEES)
3. Mail Bad Check Crime Report and all other Correspondence to:
Lebanon County Bad Check Restitution Program
400 South Eighth Street, Room 11
Lebanon, PA 17042
4. Once the report has been filed: ALL restitution payments must be coordinated by the District Attorney's Office. Should the check writer contact you to make payments, direct them to the Bad Check Restitution Program at (717) 228-4403.

DO NOT ACCEPT PAYMENT DIRECTLY FROM THE CHECK WRITER.

Sample "Courtesy Notice":

Date

Dear Check Writer:

You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. You have 10 days from the receipt of this notice to tender payment of the full amount of such check plus a service charge of \$_____, the total amount due being \$_____.

Unless this amount is paid in full with the time specified above, we may turn over the dishonored check and all other available information relative to this incident to the District Attorney's Office for potential criminal prosecution.

Closing,

Your name/address

Post Filing Information:

- Please do not accept direct payments from check writers. Should the check writer contact you to make payment, refer them to the District Attorney's Office at (717)228-4403.
- You may contact the District Attorney's Office at any time for case updates.
- Please allow a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not "eligible" for prosecution, you may request the check(s) be returned to pursue a civil remedy.