



JAMESTOWN POLICE DEPARTMENT

250 Conanicut Avenue, Jamestown, RI 02835

Tel: (401) 423-1212 Fax: (401) 423-3710

TDD: (401) 423-1212

Thomas P. Tighe
Chief of Police

CHECK COMPLAINT PROCESS

1. Complaints filed with the Jamestown Police Department will be for **PROSECUTION** and NOT FOR COLLECTION.
2. Checks received in another jurisdiction, post dated checks and second party checks **WILL NOT BE ACCEPTED.**
3. The person cashing the check must produce proper identification such as a valid operator's license. The police cannot successfully prosecute without positive identification. **DATE OF BIRTH IS REQUIRED.**
4. It is required that prior to filing a complaint, the check writer has to be contacted and informed of the check by **CERTIFIED [RETURN RECEIPT REQ.] LETTER**, at the writers last known address. The writer is to be informed that he/she has seven (7) days to make restitution. At the end of this period a report will be taken by this department. If the letter is not deliverable at the writers last known address the complainant must sign an affidavit (notarized) stating that the person does not reside at that address. If this is not done the Court will dismiss the case.
5. The person receiving the check must be willing to testify in Court in the event that the defendant wants a trial. If the person receiving the check fails to appear in Court after being notified, the case will be dismissed and the check returned to the complainant.
6. If a check is returned "stolen", "forged", etc. a complaint may be filed immediately.
7. All complaints will be filed in person and will be accompanied by a return **completed Complaining Witness Statement**. All original checks, return receipts, and a copy of the certified letter must accompany the statement.
8. All complaints must be filed **WITHIN 45 days** of the offense. It is important that once a check is returned from the bank for stated reasons, the above steps to be taken immediately.
9. If you have any questions or concerns you may contact the Jamestown Police Department Detective Division at 401-423-1212.



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Check Complaint Statement of Complaining Witness

I, _____, voluntarily and without threats or promises, make the following statements.

My name is _____

My address is _____

Date of birth: _____ Home Phone # _____ Work Phone # _____

My occupation is: _____

On _____, _____ presented Check (s) # _____
Date Name of Check Writer

In the amount (s) of \$ _____ written to _____

Located at _____, as payment for merchandise and/or service. The check (s) was drawn on _____ and returned with the following notation

Name of bank

“_____”. On _____ a certified letter was sent to _____ As of this date the total amount \$ _____ is still due. _____ used the following as identification to issue the check:

Name of check writer

_____/_____/_____
Type of ID Used State Date of Birth

The person or cashier who accepted the check was _____.

I request that the Jamestown Police Department investigate this complaint and to prosecute in accordance with the statutes of the State of Rhode Island.

Complainants Signature Date

Affidavit

I have sent a certified letter to _____ and have received the letter back from the U.S. Postal Service and do believe that this person does not live at that address any longer.

Affiant Signature

Subscribed and Sworn to before me in Jamestown this _____ day of _____, 20____

Notary Public – My commission expires _____

Department Incident # _____ Date Received _____ Investigating Officer _____