

R. BLAKE RIEBOLDT
Chief of Police



300 W BARAGA AVENUE
MARQUETTE MI 49855
(906) 228-0400

MICHAEL LAURILA
Captain of Patrol Operations

MICHAEL J. KOHLER
Captain of Detectives

NSF/NO ACCOUNT CHECK COMPLAINT FORM

INFORMATION: (Please read carefully)

1. Checks will not be accepted if older than 90 days.
2. Checks are accepted for prosecution only and are not returned if prosecution is initiated.
3. Checks marked "Closed Account" or "Account Closed" will not result in prosecution unless the investigation reveals the passer knew the account was closed.
4. Post Dated Checks, Held Checks before depositing, Stop Payment checks or checks which partial restitution has been received, will be considered a civil matter and not a criminal matter.
5. Submit the **ORIGINAL CHECK** with this form.
6. This form must be signed by a person in a position of responsibility i.e. Management, Cashier, Owner, Payee, etc.
7. This form only potentially initiates an investigation. You may be contacted for further information and/or to provide testimony.

NOTE: The decision whether or not to prosecute this case will be made by the Marquette County Prosecutor's Office, who will evaluate numerous factors including but not limited to; evidence that exists, intent of the person(s), availability of necessary bank records, availability of witnesses, etc. Once you agree to prosecute, charges cannot be dropped if the party pays you in full. Only the Marquette County Prosecutor's Office may drop charges. Criminal charges does not guarantee restitution nor does the Marquette Police Department act as a debt collections agent.

I hereby understand and agree that the check(s) being submitted are for criminal prosecution and if criminal prosecution occurs, it will be necessary for witnesses to appear and testify in court. I hereby certify that no one has accepted full or partial restitution for the submitted check(s) and agree that any future restitution will be handled through the Marquette Police Department.

I hereby certify that I have read and understand the information contained on this form and that all of the facts are true, accurate and complete to the best of my knowledge.

SIGNATURE OF PERSON

MAKING COMPLAINT: _____ **DATE:** _____

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MERCHANT FORM

BUSINESS NAME: _____

ADDRESS: _____ PHONE: _____

NAME OF PERSON WHO ACCEPTED CHECK: _____

HOME ADDRESS: _____ PHONE: _____

METHOD OF IDENTIFYING DEFENDANT:

_____ PERSONALLY KNOW DEFENDANT

_____ WROTE PASSER'S DRIVER'S LICENSE NUMBER ON CHECK

METHOD OF IDENTIFYING CHECK:

_____ INITIALED CHECK AT TIME RECEIVED FROM PASSER

OTHER METHOD USED TO IDENTIFY CHECK OR PERSON WHO PASSED IT:

IF THE PERSON WHO RECEIVED THE CHECK CANNOT IDENTIFY THE CHECK AND THE PERSON WHO PASSED IT, THE CHECK WILL NOT BE ACCEPTED FOR PROSECUTION.

PLEASE DETAIL WHAT STEPS, IF ANY, YOU OR YOUR EMPLOYEES HAVE MADE TO CONTACT THE PASSER AND/OR RECOVER YOUR LOSS:

WAS THE PASSER CONTACTED: YES NO

BY WHO, WHEN AND HOW:

RESULT: _____

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MERCHANT FORM (CONTINUED)

HAS THE PASSER ATTEMPTED TO MAKE RESTITUION OR PAID PARTIAL RESTITUTION (EXPLAIN).

PLEASE NOTE THE MARQUETTE POLICE DEPARTMENT WILL NOT ACCEPT CHECKS WHICH PARTIAL RESTITUION HAS BEEN MADE

WAS THE CHECK POSTDATED AND/OR DID THE PASSER ASK YOU T OHOLD THE CHECK UNTIL A FUTURE DATE?

YES NO

DID THE PASSER GIVE ANY INDICATION THAT THE CHECK WAS NOT GOOD AT THE TIME IT WAS PASSED?

YES NO

IF YES, EXPLAIN:

PLEASE INDICATE BELOW IF THERE IS ANYTHING THAT YOU FEEL COULD BE HELPFUL IN LOCATING AND PROSECUTING THIS PERSON. EXAMPLE: ADDRESS, PHONE NUMBER, PLACE OF EMPLOYMENT, ETC.
