



**BUTTE-SILVER BOW
LAW ENFORCEMENT DEPARTMENT
BAD CHECK PROSECUTION REQUEST**

(To be completed by the person requesting prosecution)

Reporting Party Information:

Business Name: _____

Business Address: _____ Business Phone: _____

Person Making Report: _____ Job Title: _____

Location (Full Address) Where Check Was Accepted: _____

Check Information:

Check Number: _____ Date Accepted: _____ Amount: _____

Name on Check: _____

Financial Institution (written upon): _____

Has anyone had contact (personal or otherwise) with the issuer? Yes _____ No _____

Who: _____ When: _____

Where: _____

Result: _____

Have you successfully served the five (5) day written notice? Yes _____ No _____

(attach return receipt)

Have you retained an attorney to collect the debt or have you turned the matter over to a collection agency or other persons to collect the debt? Yes _____ No _____

Who: _____

Contact Information: _____

Check Acceptee Information:

Name of person accepting document: _____

Home Address: _____ Phone: _____

Did the acceptee witness the suspect fill out the document? Yes _____ No _____

Was the suspect asked to provide identification? Yes _____ No _____

What type? MT D/L ID Card SS Card Other: _____

Did anyone else witness the transaction? Yes _____ No _____

If yes, who? _____

Contact Information: _____

Can you provide any additional information that would assist in the investigation or prosecution of those involved?

45-7-205 MCA: False Reports to Law Enforcement Authorities: A person commits an offense under this section if he/she knowingly:

1. Gives false information to any law enforcement officer with the purpose to incriminate another, or
2. Reports to law enforcement authorities an offense or other incident within their concerning knowing that it did not occur; or
3. Pretends to furnish such authorities with information relating to an offense or incident when he/she knows he/she has no information relating to such offense or incident.

A person convicted under this section shall be fined not to exceed five hundred dollars (\$500.00) or be imprisoned in the county jail for a term not to exceed six (6) months, or both.

I certify that the information furnished herein is correct. I request that criminal prosecution be instituted against the individual named above. I understand that the information I have furnished will be used for prosecution. I hereby state that I have read and understand the penalty provided by law for furnishing false information to a law enforcement officer.

Complainant Signature

Date

Officer Signature

Date