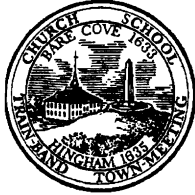


TOWN OF HINGHAM



DEPARTMENT OF POLICE

TAYLOR A.B. MILLS

CHIEF OF POLICE

CHECK INVESTIGATION PROCEDURE

212 CENTRAL STREET
HINGHAM, MA 02043

TEL: (781) 749-1212
FAX: (781) 741-1462

ALL BLANKS MUST BE FILLED OUT COMPLETELY AND BE LEGIBLE BEFORE CHECKS CAN BE ACCEPTED FOR USE IN OUR INVESTIGATIONS. PLEASE FILL OUT ONE FORM FOR EACH CHECK.

NAME OF COMPLAINANT: _____
(Company or Individual Name)

Address and zip code of Complainant: _____

Name of Reporting Party: _____ Address: _____
Age: _____ Position: _____ Phone No: _____

NAME OF CHECK WRITER (If known): _____

Home Address: _____ Phone No: _____

Date of Check: _____ Amount of Check _____

ID Given by Writer: _____ Lic State or Lic No _____

Other (Explain) _____ DOB (If known) _____

BANK & ACCT # CHECK DRAWN ON _____

Reason Returned _____

If for Insufficient Funds, did you present check twice: _____

What was the check given in exchange for: _____

(Specify money, merchandise, merchandise & money, payment of account services, loan, wages, etc.)

If available, name specific merchandise & attach receipt if possible.)

What attempts have been made to contact the writer (phone, mail, etc.) _____

Was contact made: _____ If so, explain response: _____

ATTACH YOUR ORIGINAL CHECK, CERTIFIED LETTER, OR COPY THE LETTER WITH THE

GREEN SLIP. Date Mailed: _____ Response to Letter: _____

Has either full or partial payment been made on the check in question: _____

PERSON WHO ACCEPTED CHECK: Name: _____ Add: _____

Phone No. _____ Age: _____ Position: _____

Can He/She ID Writer: _____ Describe Writer _____

Identify the Check itself: _____ Was the Check Post-Dated: _____

Were you told to hold the check: _____

I HEREBY AGREE TO AID IN THE PROSECUTION OF THE DEFENDANT AND TO COOPERATE FULLY WITH THE HINGHAM POLICE DEPT. I UNDERSTAND AND AGREE THAT NO MONEY FOR PAYMENT OF THIS CHECK WILL BE ACCEPTED WITHOUT PRIOR APPROVAL FROM THIS AGENCY, THE DISTRICT ATTORNEY OR THE COURT. I FURTHER CERTIFY UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. SIGNATURE: _____ DATE: _____