



BAD CHECK CRIME REPORT

MONTGOMERY COUNTY DISTRICT ATTORNEY RISA VETRI FERMAN

Bad Check Restitution Program Address and Contact Number:

Office of the District Attorney – Detective Bureau
Attention: Bad Check Restitution Program
One Montgomery Plaza, Suite 502
P.O. Box 311
Norristown, PA 19404-0311
(610)278-3368
E-mail: BadCheckProgram@montcopa.org

BAD CHECK RESTITUTION PROGRAM INSTRUCTIONS

I. BAD CHECK RESTITUTION PROGRAM INFORMATION:

The Bad Check Restitution Program is organized to help victims of bad checks recover complete and quick restitution without increasing the financial burden on taxpayers and the criminal justice system. Through this program, we give first-time bad check writers the opportunity to avoid criminal prosecution by paying full restitution and completing a mandatory educational class. I encourage local businesses to participate in this program.

II. CHECK ELIGIBILITY:

The following checks are NOT ELIGIBLE for the program.

- Altered checks
- Checks dishonored due to bank error
- Checks issued by someone not authorized to do so
- Credit card checks
- Checks marked -
 - “account closed”
 - “blocked”
 - “forged”
 - “frozen”
 - “lost”
 - “stolen”
 - “stop payment”
 - “refer to maker”
 - “unable to locate account”
 - “uncollected funds”
- Checks over \$5,000.00
- Checks passed outside Montgomery County
- Checks you agree to hold before depositing/post-dated checks
- Partially repaid checks
- Two-party checks

III. FILING INSTRUCTIONS:

1. Fill out form completely. Each check requires a separate form. Additional copies of this form can be found at <http://www.adventfs.com/Montgomery/Report-Form.php>
2. The following documents must be attached to the form: copy of the check (front and back), copy of the bank notice with return check fees, copy of the notice letter, proof that notice letter was sent by certified or registered mail, regardless of whether a receipt was requested or returned, to the address printed on the check or, if none, then to the issuer's last known address.
3. Mail or e-mail all paperwork to the address listed above.
4. Check writers are directed to make restitution through Advent. Please contact the Bad Check Restitution Program immediately at 610-278-3368, if the check writer sends you restitution.
5. Please contact us at 610-278-3368 should you have any questions or concerns



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I. CHECK WRITER INFORMATION (INDIVIDUAL WHO SIGNED THE CHECK):

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Phone: (____) _____ Work/Cell Phone: (____) _____ Sex: ____ Race: _____

Drivers License # and State: _____ DOB: _____

Other I.D. Info: _____

II. CHECK INFORMATION (ONE BAD CHECK PER FORM):

Check #: _____ Date Check Written: _____ Amount of Check: _____

Bank Fee: _____ Account #: _____ Name of Bank: _____

Address (including Township/Borough) of where check was received:

Street City Twp/Boro State Zip Code

III. VICTIM INFORMATION:

Merchant Name: _____

Contact Person: _____ Title: _____

Address: _____
Street City State Zip Code

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____