

**FORMS NEEDED FOR  
FILING FOR  
PROSECUTION  
OF FRAUDULENT CHECKS**

**ST ANTHONY POLICE DEPARTMENT  
3301 SILVER LAKE ROAD  
ST ANTHONY, MN 55418  
612-782-3350**

**CONVERSION OF RENTAL PROPERTY**

**SECTION I – INFORMATION ON RENTER:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

DATE ACCOUNT WAS OPENED: \_\_\_\_\_

WHICH EMPLOYEE OPENED THE ACCOUNT: \_\_\_\_\_

WHAT TYPE OF IDENTIFICATION WAS TAKEN: \_\_\_\_\_

WERE THE SUBJECT'S PHYSICAL CHARACTERISTICS CHECKED AGAINST ID TAKEN? \_\_\_\_\_

**SECTION II**

WHEN WAS THE PROPERTY RENTED? \_\_\_\_\_

WHICH EMPLOYEE RENTED THE PROPERTY \_\_\_\_\_

WHAT TYPE OF IDENTIFICATION WAS TAKEN AT THE TIME OF RENTAL? \_\_\_\_\_

WERE THE SUBJECT'S PHYSICAL CHARACTERISTICS CHECKED AGAINST ID TAKEN? \_\_\_\_\_

VALUE OF PROPERTY RENTED, NOT TO INCLUDE LOSS OF POTENTIAL RENT ON PROPERTY  
(INCLUDE COMPLETE DESCRIPTION OF PROPERTY RENTED; MODEL/SERIAL NUMBERS):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE DEMAND FOR PAYMENT WAS SENT: \_\_\_\_\_

DATE DEMAND FOR PAYMENT WAS RECEIVED; \_\_\_\_\_

**SECTION III – REQUIRED PAPERWORK NEEDED WITH THIS REPORT**

ORIGINAL RENTAL AGREEMENT (COPY)

PROPERTY RENTAL AGREEMENT (COPY)

DEMAND FOR PAYMENT (COPY)

CERTIFIED LETTER RECEIPT (ORIGINAL)

NOTE: FIVE (5) BUSINESS DAYS MUST HAVE ELAPSED AFTER SENDING DEMAND FOR PAYMENT  
BEFORE A POLICE REPORT CAN BE GENERATED.

**ST ANTHONY POLICE DEPARTMENT  
FRAUDULENT CHECK REPORT**

**Complainant/Reporting Person**

**Case #** \_\_\_\_\_

Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Passer Information**

Signature & Address: \_\_\_\_\_

Bank Check Drawn on \_\_\_\_\_

Account # \_\_\_\_\_

Why Declared Fraudulent

by bank: \_\_\_\_\_

Type of Check: Personalized \_\_\_\_\_ Counter \_\_\_\_\_

Business \_\_\_\_\_ Bank \_\_\_\_\_

Payroll \_\_\_\_\_ Universal \_\_\_\_\_

Other \_\_\_\_\_

Date of Check: \_\_\_\_\_ Amount of Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

Endorsement/Store Stamp \_\_\_\_\_ or

Payable To: \_\_\_\_\_ Personal Signature \_\_\_\_\_

**Indicate writing on check known to have been written by passer:**

All of check face \_\_\_\_\_ None of check face \_\_\_\_\_ Date of check \_\_\_\_\_

Payee \_\_\_\_\_ Account # \_\_\_\_\_

Check was accepted for Merchandise \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

How was check made out: Freehand \_\_\_\_\_ Typewriter \_\_\_\_\_ Check Protector \_\_\_\_\_

**Notice of dishonor sent to ADDRESS PRINTED ON CHECK:**

Date Sent: \_\_\_\_\_ Certified Mail \_\_\_\_\_ Regular Mail \_\_\_\_\_

Clerk Accepting Check

(Name, Address, Phone): \_\_\_\_\_

Supervisor approving check (if applicable)

(Name, Address, Phone) \_\_\_\_\_

Acceptor must check one of the two following statements in order for us to process the complaint:

\_\_\_\_\_ I made a comparison of the physical characteristics of the passer with those on a photograph on a Minnesota driver's license or official Minnesota I.D. at the time of the transaction.

Driver's License Number: \_\_\_\_\_

\_\_\_\_\_ I remember the passer as having the following descriptions and would be able to identify the passer again.

Sex \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_

Eyes \_\_\_\_\_ Complexion \_\_\_\_\_ Dress: \_\_\_\_\_

Additional cases on this party: Yes \_\_\_\_\_ No \_\_\_\_\_

## NOTICE OF DEMAND FOR PAYMENT OF DISHONORED CHECK

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS  
ON CHECK: \_\_\_\_\_ CITY \_\_\_\_\_

YOU ARE HEREBY NOTIFIED THAT A CHECK DATED \_\_\_\_\_ 20\_\_\_\_,  
DAWN ON THE \_\_\_\_\_ BANK  
OF \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_

BEARING THE SIGNATURE OF: \_\_\_\_\_

HAS BEEN RETURNED UNPAID WITH THE NOTATION THAT PAYMENT HAS  
BEEN REFUSED BECAUSE OF \_\_\_\_\_

UNLESS THIS CHECK IS PAID IN FULL WITHIN FIVE (5) BUSINESS DAYS AFTER  
MAILED THIS NOTICE, WE WILL REFER THE MATTER TO PROPER AUTHORITIES  
FOR PROSECUTION UNDER MINNESOTA STATUTES SECTION 609.535/609.52  
VIOLATION OF WHICH CAN BE A MISDEMEANOR, GROSS MISDEMEANOR, OR  
FELONY BASED ON THE AMOUNT OF THE CHECK(S), AND THE FINANCIAL  
INSTITUTION SHALL RELEASE INFORMATION RELATING TO THIS CHECKING  
ACCOUNT TO THE PAYEE OR HOLDER OF THE CHECK.

REMIT TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STATE OF MINNESOTA  
SS  
COUNTY OF HENNEPIN/RAMSEY

\_\_\_\_\_ being first duly sworn on oath states that he/she is employed by \_\_\_\_\_, and the attached Statutory Notice and Demand for Payment is an accurate same of the original thereof.

The principal thereof was deposited in a US Post Office mailbox in the City of \_\_\_\_\_ on the \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_ in a sealed envelope, postage paid, certified/regular mail and addressed to \_\_\_\_\_

At his/her address of record as shown on his/hr check.

The said original thereof was/was not returned to the undersigned undeliverable o for any other reason.

\_\_\_\_\_  
Subscribed and sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

STATE OF MINNESOTA  
SS  
COUNTY OF HENNEPIN/RAMSEY

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At his/her address of record as shown on his/hr check.

The said original thereof was/was not returned to the undersigned undeliverable o for any other reason.

\_\_\_\_\_  
Subscribed and sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**AFFIDAVIT  
FORGERY OF DRAWER'S SIGNATURE**

STATE OF MINNSOTA  
SS  
COUNTY OF HENNEPIN/RAMSEY

TO WHOM IT MAY CONCERN:

\_\_\_\_\_, of \_\_\_\_\_  
\_\_\_\_\_, Minnesota, being first duly sworn, and after sight  
and inspection of attached check, deposes and says that he/she did not sign the name  
\_\_\_\_\_ as drawer or maker of the attached check  
numbered \_\_\_\_\_, dated \_\_\_\_\_, 20\_\_\_\_\_, dawn on \_\_\_\_\_  
\_\_\_\_\_ bank of \_\_\_\_\_

Endorsed by \_\_\_\_\_  
for \_\_\_\_\_

\_\_\_\_\_ dollars, \$ \_\_\_\_\_ payable to \_\_\_\_\_  
\_\_\_\_\_

As payee, and that he/she did not authorize anyone to sign said name as drawer of said check  
in his/her behalf; that he/she did not cash said check, nor authorize anyone to cash said  
check, and that he/she did not receive any benefit whatsoever from said check, or the  
proceeds thereof, and that said check is a forgery.

\_\_\_\_\_  
Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_