

# Crested Butte Marshal's Office

508 Maroon Ave - P.O. Box 39  
Crested Butte, Colorado 81224



*Established 1880*  
*970-349-5231*  
*Fax 970-349-6532*  
*E-mail cbmarshal@crestedbutte-co.gov*

## Check Offense Report Form

CBMO Personnel accepting report form \_\_\_\_\_  
Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Investigating Marshal \_\_\_\_\_ Case # \_\_\_\_\_  
Final Disposition \_\_\_\_\_  
(Marshal Use Only)

### **Below to be filled out by Reporting Party**

**Suspect's Information:** Name \_\_\_\_\_  
Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_ Zip \_\_\_\_\_  
Driver's license # \_\_\_\_\_ State \_\_\_\_\_

<b>Person or Business Check Issued To :</b>	<b>Check #</b>	<b>Date Issued</b>
<b>Amount</b>		
_____	_____	____-____-____
\$ _____		
_____	_____	____-____-____
\$ _____		

Was check accepted for **goods , services , or other** Describe other \_\_\_\_\_

• **Who accepted the check and will positively identify the suspect?**

Name \_\_\_\_\_

Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_

• **To whom should questions about this case be addressed?**

Name \_\_\_\_\_

Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_

• **Who attempted to contact the suspect about the check?** \_\_\_\_\_ Date \_\_\_\_\_

Was contact made. \_\_\_\_\_. If yes, please state results.

**BEFORE SIGNING THIS COMPLAINT PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.**

I understand this complaint is being filed for the purpose of prosecuting the suspect.

I understand that I CANNOT ACCEPT RESTITUTION [PAYMENT] from the check writer at any time during this investigation, without the suspect first going through the Marshal's Office for restitution purposes and processing. The Marshal's Office will no longer accept checks from any business or person who does not follow this procedure [see checklist on back]. Also criminal charges may not be dropped simply because restitution is made. The Marshal's Office reserves the right to a final decision in this matter.

I understand that pursuant to Colorado Law (CRS. 16-18-102) I may be subject to payment of all costs accruing in this investigation, if I fail to cooperate in the prosecution of any case filed as a result of this complaint.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_