



DISTRICT COURT OF MARYLAND FOR _____

(City/County)

LOCATED AT (COURT ADDRESS) _____

DISTRICT COURT
CASE NUMBER

RELATED CASES: _____

COMPLAINANT/APPLICANT

DEFENDANT

Printed Name _____

Printed Name _____

Address _____

Address _____

City, State, Zip _____ Telephone _____

City, State, Zip _____ Telephone _____

Agency, Sub-agency, and I.D. # _____ (Officer Only)

CC# _____

DEFENDANT'S DESCRIPTION: Driver's License # _____ Sex _____ Race _____ Ht _____ Wt _____

Hair _____ Eyes _____ Complexion _____ Other _____ D.O.B _____ ID _____

**APPLICATION FOR STATEMENT OF CHARGES FOR BAD CHECK
(Criminal Law § 8-103)**

I, the undersigned, apply for statement of charges or warrant which may lead to the arrest of the above named Defendant because on or about _____ Date _____ at _____ Place _____ the above named Defendant did unlawfully obtain _____ Property or Services _____ having a value of \$ _____ from _____ Full Legal Name of Business or Person _____ by issuing passing a certain bad check dated: _____ Check No: _____

ACCOUNT NO: _____ Drawn by: _____

on the: _____

in the sum of \$ _____ Name and Address of Bank _____ presented to: _____ Full Legal Name of Business or Person _____

Payable **immediately** to: _____

Above named Defendant intended or believed that payment would be refused.

Said check was returned from bank marked: _____ on _____ Date _____

CERTIFIED MAIL SENT: _____ RETURNED MARKED: _____

(Continued on attached _____ pages) (DC-CR-044A)

I solemnly affirm under the penalties of perjury that the contents of this Application are true to the best of my knowledge, information, and belief.

_____ Date

_____ Officer's Signature

_____ Printed Name

I have read or had read to me and I understand the Notice on the back of this form.

_____ Date

_____ Applicant's Signature

_____ Printed Name

Subscribed and sworn to before me this _____ day of _____, _____, _____ at _____ Time _____ AM PM

Judge/Commissioner _____ I.D. Number _____

I understand that a charging document will be issued and that I must appear for trial on _____ Date _____ at _____ Time _____, when notified by the Clerk, at the court location shown at the top of this form.

I have advised applicant of shielding right. Applicant declines shielding.

I declined to issue a charging document because of lack of probable cause.

_____ Date

_____ Applicant's Signature

_____ Commissioner I.D. Number _____

TRACKING NUMBER

NOTICE TO APPLICANT FOR A CHARGING DOCUMENT

You are making an application for a charging document which may lead to the arrest and detention of the individual you are charging. If, as result of your application, the commissioner issues a charging document, it will be impossible for the commissioner to withdraw the document. The charge may only be disposed of by trial or by action of the State's Attorney.

You will be required to appear at the trial as a witness. Failure to appear on the date set by the court could result in your arrest for failure to obey a court order.

The application which you are filing is being filed under oath. Criminal Law Article § 9-503 of the Annotated Code of Maryland provides that any person who makes a false statement or report of a crime or causes such a false report or statement to be made to any official or agency of this State, knowing the same, or any material part thereof, to be false and with intent that such official or agency investigate, consider or take action in connection with such statement or report, shall be subject to a fine of not more than \$500, or be imprisoned not more than six months, or be both fined and imprisoned, in the discretion of the court.

It is essential that you furnish as much information as possible about the offense. To be sure that your information is adequate, your application should clearly state the following:

1. **WHO?**
Identify the accused, (the person about whom you are complaining), and identify yourself.
2. **WHEN?**
The time, day, month and year of the offense.
3. **WHERE?**
The exact address and street, the city, county and state where the offense happened. Also state whether the offense happened in a private home or in some public place.
4. **WHAT?**
State exactly what was done to you. For example: if property was taken, describe it and its value; or, if property was damaged or destroyed, indicate the original cost of the item or its replacement value. If you do not know the exact value, estimate it as accurately as possible.
5. **WHY?**
The facts you give must show the accused intended to commit a criminal act.
6. **HOW?**
How the accused committed the offense. For example, if you were physically assaulted, were you struck with a fist, a flat hand, kicked, or pushed, or were you struck with an object, such as a club or pipe, etc.? If property was taken, how did the accused get it? If it was destroyed or damaged, how did the accused cause the damage?
7. At the top of the application, you will notice a space marked "DESCRIPTION." The information in this space refers to the **accused**. It is important that you furnish as much of this as possible so that the accused may be easily identified.
8. Check only one (Issuing OR Passing). These are defined as:
 - a) Check "**Issuing**" if the Defendant gave you a check from the Defendant's own account. The act of a check-writer who (1) delivers the check to a person who acquires a right against the writer' or (2) writes the check intending that it be delivered to a person who would acquire a right to the check-writer and the check is delivered to that person.
 - b) Check "**Passing**" if the Defendant gave you a third-party check signed over to you. Delivering the check by a payee, holder, or bearer of the check, if: (1) the check was, or purports to have been written by a person other than the person delivering the check; and (2) delivery was made to a third person who acquires a right to the check.

If you need further assistance in completing your application, please feel free to ask the commissioner.

You are entitled to request that address and telephone number of a victim, complainant, or a witness be considered for shielding at the filing of this application.

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address, and place of employment of a victim or non-party witness is blocked. (Md. Rule 16-910)