

Mark this box if this form contains Restricted Information.

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 _____ DOB _____ ID _____

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

If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

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.

Check was returned from bank marked: _____ on _____ Date _____

CERTIFIED MAIL SENT: _____ RETURNED MARKED: _____

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

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

_____ Date _____ Officer's Signature _____

I have read or had read to me and I understand the notice on the back of this form. _____ Printed Name _____

_____ Date _____ Applicant's Signature _____

Subscribed and sworn to before me _____ Printed Name _____

_____ Date _____ at _____ Time _____ AM PM

Judge/Commissioner _____ ID Number _____

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

- I have advised applicant of the right to request shielding. The applicant declines shielding.
- I declined to issue a charging document because of lack of probable cause.

_____ Date _____ Applicant's Signature _____

NOTICE TO APPLICANT FOR A CHARGING DOCUMENT

You are applying for a charging document which may lead to the arrest and detention of the person you are charging. If the commissioner issues a charging document, neither you nor the commissioner may withdraw the charges later. The charge may only be disposed of by trial or by action of the State's Attorney.

You must appear at the trial as a witness. Unless you are excused by the State's Attorney, failure to appear on the date set by the court could result in your arrest for failure to obey a court order.

You are filing the application under oath. Criminal Law Article § 9-503, of the Annotated Code of Maryland makes it a crime to knowingly make a false statement in order to have charges brought or an official investigation started.

Please give as much information as possible about the offense. This form should enable the judicial officer who reads it to come to conclusions about what has happened. You should explain what you know about what has happened, and how you know it. Your application should clearly state the following:

1. WHO?

Identify the accused, (the person about whom you are complaining), and identify yourself. Explain how you know that the accused is the person who did what you are complaining about.

2. WHEN?

State the time, day, month and year of the offense.

3. WHERE?

State 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, and to whom it was done. For example, if property was taken, describe it and its value; or, if property was damaged or destroyed, give the 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 intent and motivation of the accused are important. State any information which relates to these questions.

6. HOW?

Explain 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 "DEFENDANT'S DESCRIPTION." The information in this space refers to the **accused**. Please furnish as much information 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. This includes the act of a check-writer who writes or delivers a check to someone with a right to it.

b.) Check "**Passing**" if the defendant gave you a third-party check signed over to you.

If you need assistance in completing your application, please ask the commissioner.

You may request that the address and telephone number of a victim, complainant, or witness be considered for shielding at the time you file 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 16-918)