JET Q	DISTRICT COURT OF MARYL	AND FOR			(City/County)
	LOCATED AT (COURT ADDRESS)			(City/County)	
			DISTRICT COURT CASE NUMBER		
	COMPLAINANT/APPLICANT		DEFENDANT		
Printed Nam	e		Printed Name		
Address			Address		
City, State, Zip Telephone			City, State, Zip		Telephone
Agency, Sub-agency, and I.D. # (Officer Only)			CC#		
	ANT'S DESCRIPTION: Driver's License #		Sex1	Race Ht	Wt
	Eyes Complexion				
	APPLICATION FOR		F CHARGES FOR B	AD CHECK	
	I, the undersigned, apply for statemen	(Criminal Law	•	arrest of the above nam	ad
Defends	nt because on or aboutDate	•	•		
the abox	e named Defendant did unlawfully of	tain	Pl	ace	
having a	e named Defendant did unlawfully ob	from	Property or Se	ervices	
having a value of \$ from by \square issuing \square passing a certain bad check dated:			Full Legal Name of Business or Person Check No:		
	JNT NO:				
			-		
in the si	m of \$	Name and A	Address of Bank		
ni die se Pavable	m of \$immediately to:	preser	Full	Legal Name of Business or Person	
	amed Defendant intended or believed				
	ck was returned from bank marked:			1	
	FIED MAIL SENT:				
0222			pages) (DC-CR-044A)		
informa	I solemnly affirm under the penalties ion, and belief.			are true to the best of m	ny knowledge,
	Date			Officer's Signature	
				Printed Name	
	I have read or had read to me and I un	derstand the Notice of	on the back of this form.		
	Date			Applicant's Signature	
	Bate				
				Printed Name	
Subscrib	ed and sworn to before me this	day of	Month Y	ear Time	⊔АМ ⊔РМ
	Judg	e/Commissioner		I.D. Number	
]	understand that a charging document	will be issued and th	at I must appear for trial	on	
at	, when notified	ed by the Clerk, at the	e court location shown at	the top of this form.	
	have advised applicant of shielding radeclined to issue a charging document	ight.	ant declines shielding.		
	Date			Applicant's Signature	
	= ====				

TRACKING NUMBER

Commissioner

I.D. Number

DC-CR-044 (Rev. 08/2017)

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 that 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)