



**GRAND TRAVERSE COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION**

320 Washington Street • Traverse City, MI 49684

**BOOKING FEE REFUND FORM**

**Pursuant to Public Act 124, Section 4B (1) beginning Aug 1, 2003, each person who is incarcerated in the Grand Traverse County Correctional Facility shall pay a fee of \$12.00 to the county Sheriff when the person is admitted into the jail. Failure to pay this fee would subject you to a \$100 civil fine.**

If you have been charged all or a portion of this fee for criminal charge(s) against you AND either the prosecution against you was terminated or you were found not guilty of ALL charges, you may request a refund by completing the form below and returning it to the address listed above.

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**Claim for Reimbursement of Booking Fee**  
(Type or print all information)

Claimant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Court in which prosecution was terminated or claimant found Not Guilty: \_\_\_\_\_

Date of termination or claimant found Not Guilty: \_\_\_\_\_

Amount claimed: \$ \_\_\_\_\_

I certify that the above information is correct.

\_\_\_\_\_  
(Claimant Signature)

\_\_\_\_\_  
(Date)

**\*\*MUST BE ATTACHED:**

1. Copy of payment receipt showing booking fee
2. Copy of court disposition showing termination or Not Guilty verdict