



GRAND TRAVERSE COUNTY SHERIFF'S OFFICE CORRECTIONS DIVISION

320 Washington Street, Traverse City, MI 49684

FINANCIAL HISTORY FORM

In accordance with Act 118 of 1984, individuals will be billed for the cost of their incarceration. Per the act, this form is for the use in determining financial status. The completed form shall be returned to Inmate Accounting.

I. Personal/Family Information			
Full Name		Date of Birth	
Home Address		Phone Number	
Email Address	Social Security #	Marital Status (Circle One) Single Married Divorced Separated Widowed	
Number of Children	Children Ages (if applicable)	Other Dependents (if applicable)	Dependent Ages
II. Financial Information			
Current Employer (Name & Address)		Hours Worked (Per week)	Gross Income (Weekly)
Other Income (Social Security, Welfare, Disability, Alimony & Child Support)			
Type, Value, Location of Real-estate (Business, Residential, Other)			
Real-estate Continued:			
Type and Value of Personal Property (Vehicles, Boat, Tools, etc.)			
Personal Property Continued:			
Bank Account (Institution/Type/Balance)		Bank Account (Institution/Type/Balance)	
Bank Account (Institution/Type/Balance)		Bank Account (Institution/Type/Balance)	
Bank Account (Institution/Type/Balance)		Cash or Cryptocurrency (Include Amounts/Type)	
Investments/Values (IRA's, Pensions, Annuities, Bonds & Stocks)			
III. Monthly Financial or Legal Obligations			
Child Support	Vehicle Loan(s)	Insurance (Vehicle/Home)	
Restitution	Home Loan	Property Tax	
Rent	Attorney Fees	Court Costs	
Utilities	Other Loans	Other Debt	
Other Debt	Other Debt	Other Debt	

I hereby acknowledge that the information above has been examined by me, and is true and accurate to the best of my knowledge. I also understand that a background investigation may be conducted, and my employer/creditors contacted for the purpose of determining my ability to pay reimbursement costs.

Signature

Date