

Inmate#: \_\_\_\_\_

Ozaukee County Sheriff's Office  
Financial Disclosure Form-Jail Division (Confidential)

Section 2.11 of the Ozaukee County Code of Ordinances provides that persons confined to the Jail may be charged for the expenses incurred by the County for inmate(s) incarceration. In order to assist in the collection & proper billing of these expenses, you are advised that the Sheriff may make deductions from any institutional or canteen account. The process requires you to complete the following financial disclosure information. Failure to cooperate may result in the loss of good-time credit or other diminution of sentence. **Incomplete information will also set your status as non-indigent.**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Marital Status:** Single Married Divorced Separated Widowed **Spouse's Name:** \_\_\_\_\_  
**Number of Children:** \_\_\_\_\_ **Ages of Children:** \_\_\_\_\_ **Court Ordered Support:** Yes No

**Name of Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Gross Yearly Wages:** \$ \_\_\_\_\_ **Paid:** Weekly BiWeekly Monthly Other: \_\_\_\_\_

Real estate & other real property interests (List kind of property, location and market value)

	\$
	\$

Pension Income (Give name & address of payor)

	\$
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Checking, savings, financial accounts (List name & address of bank, institution, type of account, amount)

	\$
	\$

Stocks, bonds, life insurance, IRA's & other financial investments (List name & market value)

	\$
	\$

Received or eligible for one of the following public assistance programs within last 90 days:

Medicaid Food Stamps SSI Other: \_\_\_\_\_

I declare that the information provided on this form is true and correct. I understand that any false or incomplete information may serve as a basis for denial of good-time credit or other diminution of sentence.

**Date:** \_\_\_\_\_ **Inmate's Signature:** \_\_\_\_\_

(For Office Use Only Below this Line)

Sentenced Non-Sentenced  
County Charges Huber Municipal P & P

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_