



State of CT - Department of Correction Inmate Accounts

24 Wolcott Hill Road • Wethersfield, CT 06109 • Fax: (860) 692-7894

UNCLAIMED ACCOUNT FORM

Discharging Facility: _____

Please forward my account balance to the address given below:

Name: _____ Inmate ID #: _____

c/o: _____ Date of Birth: _____
(include the name on the post office box or mailbox if it is not your name)

Address: _____
(include type of street [i.e., Ave., Tpk.] bldg. #, apt #, etc.)

Town State Zip Code

Signature: _____ (Check will not be issued without signature.)

Form Instructions:

Complete the section above and return it to the following address:

Connecticut Department of Correction
24 Wolcott Hill Road
Wethersfield, CT 06109
Attn: Inmate Accounts

Or fax the completed form to (860) 692-7894.

Please note the following:

- If your name is not on the mailbox, please include the name that does appear on it.
- The Unclaimed Inmate Account form must be completed and signed by the person to whom the account belongs. The check will be made payable to that individual only.
- All checks issued and not cashed within twelve (12) months from date of issue will be considered forfeit and shall be voided and the funds transferred to the Correctional General Welfare fund.