



State of Connecticut  
 Department of Correction  
 Inmate Accounts  
 24 Wolcott Hill Road  
 Wethersfield, CT 06109  
 Fax: (860) 692-7894



**Facility Request for Account Balance**

**Section I – Completed by Inmate - This form must be completed *legibly* and in its *entirety*.**

Discharging Facility: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

\_\_\_\_\_  
 Inmate Name (Last, First) Inmate Number Inmate DOB

Please return check to the Facility no later than \_\_\_\_\_  
 (Request must be received **no less than 30 calendar days** prior to discharge to allow for processing and mailing). **You must also provide the mailing address below.** If the inmate has left the facility without the check, please return the check to ITF.

Please mail check to the address below: (Do not use a facility address)

\_\_\_\_\_  
 Complete Street Address including bldg., Apt. # and 'In Care of', as necessary

\_\_\_\_\_  
 City State Zip Code

Inmate Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Section II – Completed by Staff**

**Per A.D. 3.7 – Inmate Monies, Section 13 Closed Accounts: Upon notice of release or discharge and receipt of authorizing documentation, a check for the inmate's account balance shall be prepared. The check shall be mailed to an address provided by the inmate. The inmate may receive the check upon discharge at the facility if 30 days notification is provided.**

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Please print clearly)

Completed form may be faxed to 860-692-7894