

**IDAHO SHERIFF'S FINANCIAL STATUS FORM
BOUNDARY COUNTY JAIL**

Idaho Code, section 20-607, requires the Sheriff to seek reimbursement for incarceration costs from persons sentenced to jail. The cost is \$25.00 per day up to \$500.00 (20 days) for housing, \$20.00 per medical visit & costs of medications. If you have insurance you need to provide that information and we will submit to insurance when applicable. Any prisoner who refuses to provide accurate information, or to cooperate in this procedure, will not receive time credited for good behavior from the end of his/her sentence.

Name	Date of Birth	Phone No.
Physical Address: Mail Address:	City & State	Zip Code
Social Security No.	Drivers License No.	
Emergency Contact	Phone No.	

Marital Status (circle) Married Single Divorced

Number of children living with you	Ages	Number of other dependants living with you	Ages
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Employer	Phone No.
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Employers Address	City & State	Zip Code
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Your Position	Salary (gross per month)	\$
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Other income (child support/alimony/etc.)	Source	\$
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FINANCIAL INFORMATION

Checking account/Bank		\$
Savings account/Bank		\$
Home/Purchase Price		\$
Other Real Estate		\$
Auto Yr/Make/Model		\$
Auto Yr/Make/Model		\$
Rec. Vehicle Yr/Make		\$
Other Property (describe)		\$
Pensions		\$
Annuities/Mutual Funds/Stocks		\$
Other funds of any kind		\$

DEBTS	TO WHOM OWED	PHONE NO.	MONTHLY PAYMENTS
Child Support/Alimony			\$
Home Mortgage/Rent/Utilities			\$
Other Real Estate Mortgage			\$
Auto Loan/Lease			\$
Auto Loan/Lease			\$
Credit Card			\$
Credit Card			\$
Other Debts			\$
Medical			\$

I UNDERSTAND THAT ANY FUNDS RECEIVED WILL BE APPLIED TO MY REIMBURSEMENT ACCOUNT.

Signature of Inmate	Date	Time
Signature of Deputy	Date	Time
Date Sentenced :	# days sentenced:	Case #:

Attach copy of court order stating sentencing information