

## Incarceration Form

Borrower Name		Borrower Social Security Number
Collection Agency		Date Placed / /
Incarnation Date From / / To / /	Early Release Date / /	Maximum Release Date / /
Prisoner ID Number	Facility	
Address		
City	State	Zip Code
Telephone Number ( )	Contact Person	

### Comments

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### Return this document to:

GR  
C  
PO Box 6138  
Indianapolis, IN 46206-6137  
Fax: 317-598-4028

GR  
C  
PO Box 82513  
Las Vegas, NV 89180-2513  
Fax: 702-804-8453