

Incarceration Form

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

Comments

Return this document to:

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

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