



State of Montana
DEPARTMENT OF CORRECTIONS
OFFENDER FINANCIAL DISCLOSURE

Offender Name _____ Offender ID# _____

I, _____ do here by give the Department of Corrections, and facilities or programs contracted by the Department, full access to all financial information and records that pertain to my financial status.

Bank or Credit Union Accounts

Checking- Institution's Name _____ Account # _____

Address _____
Street or PO Box City State Zip

Institution's Name _____ Account # _____

Address _____
Street or PO Box City State Zip

Savings- Institution's Name _____ Account # _____

Address _____
Street or PO Box City State Zip

Institution's Name _____ Account # _____

Address _____
Street or PO Box City State Zip

Stocks and Bonds

Holding Company's Name _____

Address _____
Street or PO Box City State Zip

Retirement Funds

Name _____

Address _____
Street or PO Box City State Zip

Retirement Funds Cont.

Name _____

Address _____
Street or PO Box City State Zip

Eligible for Veteran's Benefits Yes _____ No _____
If yes, when _____

Eligible for Tribal Benefits/Per Capita Payments Yes _____ No _____
If yes, which tribe(s) _____

Do you have any other sources of income? Yes _____ No _____

If yes please list _____

I declare under penalty of perjury that the above information is true and correct

Signature of offender

Date

In accordance with *DOC Policy 1.2.6* and Montana law,* the offender will complete this form upon admission. Staff will ensure the original form is placed in the offender file. If the offender refuses to complete and sign the form, he or she will be served with a disciplinary infraction report for failure to follow a direct order followed by possible referral to the county attorney's office.

* § 53-1-108 (2),MCA: Failure of an offender to disclose information under subsection (1)(a) or sign a release under subsection (1)(b) or (1)(c) is an offence under § 45-7-302, MCA.