INSTRUCTIONS FOR REQUESTING UNCLAIMED FUNDS
BEING HELD BY THE CRIMINAL DIVISION
MILWAUKEE COUNTY CLERK of CIRCUIT COURT
For Incarcerated Individuals

Follow these instructions if you are incarcerated and your name has appeared on the recently published Milwaukee County Treasurer's list of unclaimed funds being held by the Clerk of Circuit Court **Criminal Division:**

- Clearly print the answers to each question on the form in the spaces provided.
- Print your full name, including middle name. Provide maiden name if applicable.
- Provide your date of birth.
- Print the case number, if known or applicable.
- Fill in your complete <u>current</u> address, including street address, apartment number, city, state & zip code.
- Fill in your complete <u>prior</u> address, including street address, apartment number, city, state & zip code.
- You must sign the request in front of a notary public.
- Mail your completed request form to:

    Clerk of Circuit Court **Criminal Division**
    821 West State St. SB117
    C/O Unclaimed Funds – Refunds
    Milwaukee, WI 53233
- We will write you if additional information is needed.
- Allow 3 to 4 weeks for processing.

NOTE: If your name appears on the Treasurer's list for the Civil Division of the Clerk of Circuit Court, you may call 414-278-4556 or 414-278-4557 to request a claim form or write to them at:

    Clerk of Circuit Court Civil Division Accounting
    901 N. 9th St. Courthouse Room 104
    Milwaukee, WI. 53233

REQUEST FOR UNCLAIMED FUNDS
For Incarcerated Individuals
(Please Print Clearly)

Name: _____

Date of Birth: _____ Case # _____
(If Known or Applicable)

With regard to these funds:

☐   I <u>paid them</u> on behalf of myself or someone else.
           For whom did you pay them?

           _____
           What is your relationship to that person?

           _____

Your current mailing address (include city, state, & zip code):

_____
_____
_____

Prior address that was provided when the bail/bond was paid (include city, state, & zip code):

_____
_____
_____

STOP!
Take this Document to a Notary Public BEFORE You Sign It!

Subscribed and sworn to before me

on: _____ _____
                                                     (Signature)

_____ _____
(Notary Public, State of Wisconsin)   (Print or Type Name)

My commission expires: _____ _____
                                                              (Date)