

**CASHIER'S STATEMENT**

CASE NUMBER: \_\_\_\_\_

INMATE NAME: \_\_\_\_\_

INMATE NUMBER: \_\_\_\_\_

STATEMENT DATE: \_\_\_\_\_

I, \_\_\_\_\_, Cashier at \_\_\_\_\_,

Certify that the following information is a true and accurate reflection of the status of the account maintained at this institution for the benefit of the above-named inmate.

THE CURRENT BALANCE FOR THIS INDIVIDUAL IS \$ \_\_\_\_\_

**PAYROLL:**

Total amount of payroll credited to the inmate's account by the State of Ohio for his job assignment for the preceding six months. \$ \_\_\_\_\_

Average monthly payroll amount for the preceding six months. \$ \_\_\_\_\_

**RECEIPTS:**

Total amount credited to the inmate's account from all other sources during the preceding six months. \$ \_\_\_\_\_

**EXPENDITURES:**

Total expenditures for all transactions from inmate's account for the preceding six months. \$ \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

Return completed form to:  
Court of Claims of Ohio  
65 South Front Street, Third Floor  
Columbus, Ohio 43215