

DELAWARE CIRCUIT COURT NO. _____

JAIL CREDIT TIME REQUEST FORM

DATE: _____

FAX TO: DELAWARE COUNTY SHERIFF'S OFFICE

FAX NUMBER: 765-741-3391

****COMPLETE A DIFFERENT FORM FOR EACH CAUSE NUMBER NEEDING JAIL CREDIT TIME****

PLEASE SUPPLY JAIL TIME CREDIT FOR THE FOLLOWING INDIVIDUAL:

NAME: _____

DOB: _____

CAUSE #: _____ TRANSFERRED CAUSE #: _____

OFFENSE DATE: _____ SENT DATE: _____

ORIG. CHARGE IF DIFFERENT FROM SENTENCED CHARGE: _____

REPLY: The above defendant was incarcerated on the following dates for the above mentioned cause of action.

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

SIGNED: _____ DCSO