Outstanding Jail Debt Certification

Name of County Jail: _____

Contact Person at the Jail: _____

Phone Number: _____

I certify that the following defendant owes the above county jail outstanding costs for board bill expenses as follows:

Defendant (full name): _____

Defendant's Address: _____

Court Case Number: _____

Dates:

_____ to _____ _____ to _____ _____ to _____

_____ to _____ _____ to _____ _____ to _____

_____ to _____ _____ to _____ _____ to _____

_____ to _____ _____ to _____ _____ to _____

Delinquent Jail Debt Certification

Jail Debt Total: $_____ (This amount is **not** calculated by the court.)

Jail Debt Billed to DOC: $_____ (Subtract from Jail Debt Total)

Outstanding Delinquent Costs Due Sheriff: $_____ (Jail debt total less DOC billing)

I certify that Defendant owes the above county jail delinquent costs for outstanding board bill expenses pursuant to section 221.070.2, RSMo.

_____
Date

_____ _____
Printed Name of Sheriff Sheriff

By: _____

Recall of Delinquent Jail Debt

☐ Defendant has satisfied this debt owed to the county jail, and the certification should be removed.

☐ Return outstanding jail debt to the Sheriff's Office for future collections.

_____ _____
Date Sheriff

By: _____