

# PRISON/MENTAL HEALTH FACILITY POPULATION VERIFICATION FORM

The purpose of this form is to verify the populations of D.O.C. facilities and state mental health institutions which entitle certain counties to additional state-paid deputy prosecuting attorneys.

County: \_\_\_\_\_

I. State-paid deputy prosecuting attorneys (please list by name; do not include chief deputies):

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

II. D.O.C. facilities in county (please list name, address, and population)

- (1) Population \_\_\_\_\_
- (2) Population \_\_\_\_\_
- (3) Population \_\_\_\_\_
- (4) Population \_\_\_\_\_

III. Mental Health Institutions (as defined in IC 12-7-2-184)

- (1) Population \_\_\_\_\_
- (2) Population \_\_\_\_\_
- (3) Population \_\_\_\_\_

I, \_\_\_\_\_, Prosecuting Attorney of \_\_\_\_\_  
County, affirm under the pains and penalties for perjury that the information in this form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE COMPLETE AND RETURN A SIGNED ORIGINAL BY JANUARY 31<sup>ST</sup> OF EACH CALENDAR YEAR TO:

Division of State Court Administration  
ATTN: Payroll Department  
30 South Meridian Street, Suite 500  
Indianapolis, IN 46204-3568