# Inmate Personal Property Inventory

This inventory is to be submitted to the Kansas State Treasurer's Office 90 days after last contact with the Inmate in accordance with KSA 75-52,135. Please fax this form to (785) 291.3172. A response will be returned within 5 business days. Questions should be directed to Lisa at (785) 291.3173.

**Facility Name** _____ **Fax #** (Required) _____

**Inmate Name** _____ **Inmate #** _____ **SSN** _____ (If Known)

**Status of Inmate** ☐ Released ☐ Transferred ☐ Escaped ☐ Deceased

**Date of Incarceration** ____/____/____ **Date of Parole/Transfer/Escape/Death** ____/____/____

Please **CHECK** if the inventory contains the following: these do not need to be itemized.

☐ Clothing *(shower shoes, jeans, belts, etc.)*

☐ Food Items *(canned goods, cups, bowls, etc.)*

☐ Personal Care/Hygiene Items *(soap, tweezers, clippers, medication, etc.)*

☐ Personal Use Items *(envelopes, stamps, extension cords, lighters, pad locks, etc.)*

☐ Electronics *(hot pots, TV's, radios, headphones, Fans, etc.)*

☐ Personal Papers/Documents *(Photos, Letters, cards, address book, paperwork, Bible, etc.)*

Please **ITEMIZE** any Inventory **NOT** covered above that has a ***Commercial Value***:

Our office will grant your facility permission to destroy items with little or no commercial value as our office will only take custody of property with a commercial value higher than the costs of the charges to ship the item and our auction fees. For example, we will *NOT* take custody of televisions because the cost to ship and auction the item creates an insubstantial commercial value and our office will direct your facility to dispose of those items per KSA 58-3961.

| Item Description (example: Watch, Gold Ring) | Estimated Value(Example $25) | Requested to be delivered *State Treasurers use only* |
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_____ _____ _____

Officer Name Phone Number Date

***For State Treasurers Use Only***

**Permission** ☐ Granted ☐ Denied **to dispose/donate all items.**

**If denied**, our office requests to take custody of **THE ABOVE CHECKED** items.
All items NOT requested above may be disposed or donated.

If Property was requested above submit property and a copy of this inventory within 60 days to:

KS Unclaimed Property
Attn: Holder Services
900 SW Jackson Suite 201
Topeka, KS 66612-1235

_____ _____

Received Date