_____ JUDICIAL DISTRICT
DEPARTMENT OF CORRECTIONAL SERVICES
SUPERVISION FEE WAIVER REQUEST

DATE: _____

TO: District Director, _____ Judicial District Department of Correctional Services

RE: Request for Supervision Fee Waiver

Offender Name: _____
(Last) (First) (Middle)

Offender ID # (ICON): _____

Offense Description: _____

Current Account Balance: $ _____

REQUESTED AMOUNT TO BE WAIVED:

$ _____

I am recommending the Supervision Fee be waived for this offender due to the following reason(s):

_____ _____
Supervising Officer Signature Date

****

RESPONSE:

Approved _____ Amount Waived: $ _____
(or)
Denied _____

Comments: _____

_____

_____ _____
District Director Signature Date

Original: File
Copy: Administration
Offender