

**OBS**  
**Probation and Parole Services Information Transmittal Form**  
**Offender Restitution and Fee Obligations**

ODOC # \_\_\_\_\_ NAME: \_\_\_\_\_

Sentencing County: \_\_\_\_\_ Case #: \_\_\_\_\_ - \_\_\_\_\_ [should be the Controlling Case # (longest sentence)]

Interstate Case: Sending State \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Sentenced: \_\_\_\_\_ Deferred?  Suspended? \_\_\_\_\_  
Years Months

Supervised How long? \_\_\_\_\_  
Years Months  Until Obligations are Paid in Full Paroled / Released Date: \_\_\_\_\_

Please complete the information below for **ALL** fees due per the offender's J&S

**FEES DUE:**

Probation/Parole Fee: \$ \_\_\_\_\_ per month Beginning: \_\_\_\_\_  Fee Waived when sentenced

GPS Fee: \$ \_\_\_\_\_ per month Beginning: \_\_\_\_\_  Fee Waived when sentenced

EMP Fee: \$ \_\_\_\_\_ per month Beginning: \_\_\_\_\_  Fee Waived when sentenced

Community Sentencing Admin Fee: \$ \_\_\_\_\_ per month Beginning: \_\_\_\_\_  Fee Waived when sentenced

Pre-Sentence Investigation Fee: \$250 or other amount \$ \_\_\_\_\_

DNA Fee: Yes \_\_\_\_\_ No \_\_\_\_\_

RESTITUTION ORDERED: Please attach a copy of the completed restitution schedule **OR** check the appropriate box  
 No restitution ordered  
 Restitution paid through DA

THIS FORM NEEDS TO BE COMPLETED AND DELIVERED TO THE RESTITUTION  
ACCOUNTING OFFICE PRIOR TO YOUR CLIENT'S FIRST VISIT