

**FACTORS for CONSIDERATION of
FEE REDUCTION or WAIVER REQUEST**

Offender Name _____

ODOC # _____

Date _____

HARDSHIP

The following will be submitted by the offender:

- All of your monthly utility bills
- A current rent or mortgage statement
- Any other miscellaneous bills you may have (credit cards, etc.)
- A current check stub along with proof of other income that you receive such as SSI/disability, retirement, child support, alimony, AFDC, income of spouse/significant other, etc.
- Any other documents/information that you think may prove helpful in this decision (number of dependents, enrollment in school)
- Documentation of health/mental disability

Request made for reduction or waiver of fees due to: _____

Fees will remain at \$_____ per month until you provide the requested material, and your individual case is considered.

You will be notified of the decision once the evaluation has been made. This decision is not final and may be changed at officer's discretion based upon changes in your individual situation.

If your fees are **temporarily** waived or reduced, your case will be reviewed every 90 days.

INCENTIVE

Request made for reduction or waiver of fees due to: _____

Fees will remain at \$_____ per month until your individual case is considered.

You will be notified of the decision once the evaluation has been made. This decision is not final and may be changed at officer's discretion based upon changes in your individual situation.

Recommended Waiver or Reduction:

Hardship waiver for \$_____ a month beginning _____ for 90 days permanent

Incentive waiver for _____ days

Approved

Denied

Supervising Officer / Date

Approved

Denied

Team Supervisor / Date

Approved

Denied

Assistant Regional Supervisor / Date

Approved

Denied

Administrator of Community Corrections / Date

Comment: _____

Original Restitution/Accounting
Copies Inmate/Offender