PAYMENT CONTRACT/ WAIVER APPLICATION

OFFENDER: _____ **DATE:** _____

DOB: _____ **PID #:** _____ **Max/Term Expiration Date:** _____

1. Does the offender receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) as their sole source of income? (*Attach documentation.*)	___YES	___NO
2. Does the offender receive payments from Vermont's Aged, Blind, and Disabled program as their sole source of income? (*Attach documentation*.)	___YES	___NO
3. Does the offender receive Reach Up benefits as their sole source of income? (*Attach documentation*.)	___YES	___NO
4. Is the offender sentenced only to the Community Restitution Program?	___YES	___NO
5. Has supervision been transferred out of state, subject to the rules of the Interstate Compact for Adult Offender Supervision?	___YES	___NO
6. If the offender is on parole for life, have they been place on "Administrative Supervision" by the Parole Board?	___YES	___NO

If the offender is housed in a residential treatment facility or correctional facility for 30 consecutive days or more, they will be exempt from paying supervision fees for that time period only.

Unless an exemption above is marked *yes,* I understand that I am required to pay a **$15 monthly supervision fee** to the Department of Corrections. This fee is charged by the first business Monday of each month and will continue as long as I am under the supervision of the Department of Corrections.

I agree to make payments of $15 per month for supervision fees effective _____. I also agree to pay court fees/ fines, restitution, and any program fees as required. I understand that failure to pay may result in sanctions and/or possible loss of my future tax returns through the tax offset collection process. I understand that I am obligated to pay any prior unpaid supervision fees or unpaid court fees.

_____ _____

Offender *(Signature)* Date Probation Officer *(Print & Sign)* Date

I understand that I may be exempt from paying supervision fees at this time. However, this exemption will not go into effect until I provide the DOC with written documentation verifying my exempt status. I will be charged $15 per month, beginning the first full month, for the duration of my supervision term until I provide proof of my eligibility for a waiver.

_____ _____

Offender *(Signature)* Date Probation Officer *(Print & Sign)* Date

Payments (money order or bank check only) should be made out to VT Dept. of Corrections and mailed to:
Vermont Dept. of Corrections, Probation and Parole, P.O. Box 1352, Williston, VT 05495-1352

Cc: Offender file, Administrative Services Coordinators

Rev. 10/2012