

## OFFENDER WAIVER OF FEES OWED TO THE 6<sup>TH</sup> DISTRICT NO COMMUNITY SERVICE

Offender's Name: [Click here to enter text.](#)

ICON # [Click here to enter text.](#)

Supervising Officer: [Click here to enter text.](#)

Current Date: \_\_\_\_\_

**WAIVE UP TO 100% OF FEE**

Waiver requested for:	Original Amount Owed	Amount Paid to Date	Waiver Amount Requested
* Supervision Fee (up to 100%)			

**Employment Info:**

[Click here to enter text.](#)      [Click here to enter text.](#)

**Reason:**

- \* Disabled (must submit letter specifically stating offender is disabled or receiving payments due to disability)
  - Deported by INS
  - Death of Offender
  - Other:
- Transferred Out of State
  - Catastrophic Illness

\*

**Attach the following:** Documentation supporting the reason for waiver (if applicable)

The above request is approved

[The](#) above request is denied (provide reason)

\_\_\_\_\_  
Administrative Approval/Designee

\_\_\_\_\_  
Date

Scanned into ICON \_\_\_\_\_

For Public Information Only