

**CHELAN COUNTY DISTRICT COURT PROBATION SERVICES**

**SERVICE FEE WAIVER REQUEST**

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Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last name) (First Name)

**WAIVER INSTRUCTIONS:** You must provide copies of income and previous months bills for each item listed on the reverse side of this form. Failure to do so will result in your waiver being denied. Copies for proof of all items listed must be attached. **WE WILL NOT MAKE COPIES FOR YOU!** You must complete a waiver form EACH month to have fees waived on a monthly basis.

**THIS FORM MUST BE TURNED INTO THIS OFFICE NO LATER THAN THE 10<sup>TH</sup> OF EACH MONTH TO BE ACCEPTED. INCOMPLETE WAIVER FORMS WILL NOT BE ACCEPTED.**

\_\_\_\_\_  
Client's Signature

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**⌘FOR OFFICE USE ONLY⌘**

WAIVER APPROVED?  Yes AMOUNT WAIVED \_\_\_\_\_ MONTH WAIVED \_\_\_\_\_

No Reason:

- Not filed or postmarked by 10<sup>th</sup> of month
- Copies of listed expenses not provided
- Proof of income not provided
- Income/expense amounts listed do not match copies provided
- Sufficient income left over to pay regular Probation fee of \$35-\$50

By \_\_\_\_\_  
(CCPS Signature)

**FINANCIAL WORK SHEET**

**INCOME**

NET MONTHLY INCOME (Must attach DSHS verification)	\$ _____
OTHER INCOME (child support)	\$ _____
FOOD STAMPS	\$ _____
TOTAL MONTHLY INCOME	\$ _____

**MONTHLY EXPENSES** (ONLY LIST ITEMS BELOW THAT YOU HAVE PAID)

RENT/HOUSE PAYMENT (if roommates, your share only)	\$ _____
GROCERIES (FOOD STAMPS)	\$ _____
MEDICAL/DENTAL	\$ _____
UTILITIES (Electric/Water/Sewer/Garbage)	\$ _____
TELEPHONE (Basic Charges Only)	\$ _____
CHILD SUPPORT YOU PAY	\$ _____
CAR PAYMENT (1 car only) Year/make of car _____	\$ _____
CAR INSURANCE (1 car only)	\$ _____
COURT FINES (if Chelan/Douglas Co. no verification needed)	\$ _____
RESTITUTION	\$ _____
TREATMENT COSTS	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____