

DANE COUNTY SHERIFF'S OFFICE

Jail Diversion Program

Application for Waived/Reduced Fees

PERSONAL INFORMATION

Name:		Date:	
Residence Address:			
Date of Birth:	Phone:	(Home)	(Work) (Cell)
Social Security Number:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other		
My household consists of myself and ____ others.			
Full name:	Relationship to me:	Date of Birth:	
Full name:	Relationship to me:	Date of Birth:	
Full name:	Relationship to me:	Date of Birth:	
Full name:	Relationship to me:	Date of Birth:	
Full name:	Relationship to me:	Date of Birth:	

EMPLOYMENT INFORMATION

Employer:	Phone:	
Address:		
Immediate Supervisor:	Phone:	
Income from employment:		
Rate of pay:	Hours per week:	Weekly income: _____

SUPPLEMENTAL INCOME

I receive total monthly income of \$ _____ from:			
<input type="checkbox"/> Pension	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Child Support
<input type="checkbox"/> Disability	<input type="checkbox"/> Student Loans/Grants	<input type="checkbox"/> Alimony/Maintenance	<input type="checkbox"/> Other

OTHER HOUSEHOLD INCOME

The other members of my household have total monthly income of \$ _____		
<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security	<input type="checkbox"/> Relief Funded under Public Assistance
<input type="checkbox"/> Pension	<input type="checkbox"/> Student Loans/Grants	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Disability	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Supplemental Security Income
<input type="checkbox"/> Other:	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony/Maintenance

FINANCIAL INFORMATION

ASSETS:

Please provide information on any of these financial assets you may have:

Checking Account: Financial Institution: Balance:

Savings Account: Financial Institution: Balance:

PROPERTY OWNED: (provide current value)

Home/Land: Rental Property:

Vehicles/Motorcycles (year, make, type):

Recreational Items (boats, campers, snowmobiles):

I have the following debts:

Mortgage/Rent	\$	Child Support	\$
Auto Loan	\$	Restitution	\$
Credit Card	\$	Alimony/Maint.	\$
Medical Expenses	\$	Taxes	\$
Other	\$	Other	\$

REQUEST FOR INDIGENCY

I state that because of poverty, I am unable to pay Jail Diversion fees and request a waiver/reduction of fees. I will provide all appropriate and supporting documentation to support my application for reduced/waived fees.

I currently receive:

- Federal housing assistance W2 Medical assistance
 Member of a household where a child receives benefit from Federal breakfast or lunch program.
 Legal representation from a civil legal services program or a volunteer attorney program based on indigency.
Name of program: _____
 Other public assistance _____

I do not currently receive assistance, however, other factors exist such that the imposition of diversion fees will create a hardship.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby certify that the statements herein are true and realize any falsification may result in denial of my application. I also authorize the Sheriff's office to make whatever contact and investigation deemed necessary to confirm the above information. In addition, I authorize release to the Sheriff's Office all confidential records and information concerning myself, which would have a bearing on my eligibility for the Program. This authorization will terminate upon my final release date of program denial. Consent subject to revocation at any time and will expire automatically upon release. It is incumbent upon the inmate to provide proper documentation when applying for reduced/waived fees. Failure to do so may disqualify you for reduced/waived fees.

Signature:

Date: