

PAYMENT CONTRACT

OFFENDER: _____ **DOB:** _____ **DATE:** _____

DOCKET#(s): _____ **P&P Office:** _____

Unless an exemption below is circled *yes*, I understand that I am required to pay a \$15.00 monthly supervision fee to the Department of Corrections. This fee is due by the first Monday of each month and will continue as long as I am under Supervision of the Department of Corrections.

I have also been ordered to pay a total of:

Court Fees \$ _____

Fines \$ _____

Restitution \$ _____

Total \$ _____

I agree to make payments of \$15.00 per month for supervision fees effective _____ and \$ _____ per month toward my fine(s) until paid in full. I also agree to pay any program fees as required.

If I am unable to fulfill this contract, I will notify my probation officer. I understand that failure to pay may result in sanctions.

All offenders are required to pay supervision fees, except those: (*Circle Yes or No for this offender*)

- i. Offenders sentenced to **only** the community Restitution Program on pre-approved furlough status
Yes No
- ii. Offenders accepted for supervision in another state, subject to the rules of the Interstate Compact for Adult Offender Supervision.
Yes No
- iii. Offenders residing in a treatment facility for thirty (30) days or more
Yes No
- iv. Offenders housed in a correctional facility for thirty (30) days or more
Yes No
- v. Offenders on Parole for life, who have been placed on an "Administrative Supervision" status by the Parole Board
Yes No

Or those who the Department considers unable to pay the fee for the following reasons:

- vi. Offenders whose sole source of income is Vermont's Aged, Blind, & Disabled Program (AABD)
Yes (attach documentation) No
- vii. Supplemental Security Income (SSI) *Yes (attach documentation) No*
- viii. Social Security Disability Insurance (SSDI) *Yes (attach documentation) No*
- ix. Reach Up Program *Yes (attach documentation) No*

This offender is exempt from paying monthly supervision fees for the reason(s) circled above.

Probation Officer (Print & Sign)

Offender (Signature)

Date

Payments shall be made by Money Order or Bank Check ONLY, made out to VT Dept. of Corrections. Payments must be mailed with a coupon to:

**Vermont Dept. of Corrections
Probation & Parole
PO Box 1352
Williston, VT 05495-1352**

Cc: Offender, Offender file, Business manager