**Court Services Bureau – Alternative Sentencing Division**

**Program Sliding Fee Scale Request Form**

Participant name: JID#: \_\_\_ DOB: \_\_\_\_\_

The Ada County Sheriff’s Office currently offers the opportunity to qualify for a reduced fee for the Community Transition Program and House Arrest Program. Listed below are the types of documentation required to be processed for a reduction in fees.

* Last two pay stubs
* Social Security letter
* Last year’s taxes
* Letter of termination/job loss
* Unemployment approval
* Dept. of Veterans Affairs income verification
* W2
* DoD earnings statement
* Documentation for dependents – garnishments, child support, etc.
* Subsidized housing approval

Alternative Sentencing will also take into consideration expenditures that you are currently required to pay when reviewing your situation for a fee reduction. For the following items, receipts will need to be provided for proof. These receipts need to be dated within one month of this request.

Are you currently paying rent or mortgage? [ ] Yes [ ] No If yes, how much do you pay per month? \_\_\_\_\_\_\_\_

Are you currently paying for treatment? [ ] Yes [ ] No If yes, how much do you pay per month? \_\_\_\_\_\_\_\_

Are you currently paying utilities? [ ] Yes [ ] No If yes, how much do you pay per month? \_\_\_\_\_\_\_\_

Are you currently paying insurance? [ ] Yes [ ] No If yes, how much do you pay per month? \_\_\_\_\_\_\_\_

Are you currently paying for a cell phone service? [ ] Yes [ ] No If yes, how much do you pay per month? \_\_\_\_\_\_\_\_

You can bring a copy of the above documentation to the Alternative Sentencing front desk or email it to our office no later than five business days prior to your start date for evaluation. If approved for a fee reduction, it will be in place for 6 weeks. It is the participants responsibility to initiate a re-screening.

Contact: acsoctc@adacounty.id.gov or 208-577-3461

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Participant signature Date

**ACSO STAFF USE ONLY**

ACSO staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved Amount approved for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Denied

Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_