



Hennepin County
Adult Corrections Facility
1145 Shenandoah Lane
Plymouth, MN 55447
(612) 596-0003

DATE: January 01, 2020
TO: Work Release and Electronic Home Monitoring Residents
FROM: Admissions and Release Supervisors
SUBJECT: FEE WAIVER/REDUCTION REQUEST FORM

Under the authority of the Hennepin County Board of Commissioners, the Adult Corrections Facility (ACF) is responsible for collecting fees from residents who participate in certain programs. These fees help offset the cost of incarceration and include:

- Work Release Room and Board Fee (\$20/day),
- Work Release Electronic Home Monitoring Fee (\$20/day)

While adults sentenced to the ACF by the court are responsible to pay these fees, the ACF is sensitive to the fact that some men and women are unable to pay some or all of their fees. The ACF uses a sliding fee scale based on gross annual/monthly household income and family size to objectively determine appropriate fee assessments.

Residents may request a Waiver/Reduction Request Form from any Corrections Supervisor. Work Release and Work Release Home Monitoring fee's may be considered for reduction or waiver. Please submit your requests to the Admissions and Release supervisor on the day of your booking. Fee reductions or waivers will NOT be retroactive.

Residents requesting a fee waiver or reduction must complete the form on the back of this sheet and submit the appropriate documentation to verify household income and family size. Send completed forms to Admissions and Release supervisor. Final results and notifications will be issued in writing within seven working days.

In order to verify your household income, you must provide the following documentation:

1. A copy of your most recent pay stub and spouse's most recent stub (if married), **AND/OR**
2. A copy of the federal tax return you filed last year, if applicable;
3. Proof of federal or state public assistance, (i.e. SSI or disability benefits, food stamps, etc.)

The ACF may require additional documentation to verify the size of your household.

4. Copy of birth certificate(s) for dependent children. **OR**
5. Copy of marriage license, if applicable.

Failure to provide this documentation will result in your request being denied.

Please complete the worksheet on reverse side and submit it to the Admissions and Release Supervisor.

LIST OF INCOME AND DEPENDENTS

Please include a copy of your and your spouse's most recent pay stub(s) or earnings statement(s), a copy of the Federal Tax Return you filed last year, and any other income source (i.e. child support, SSI, retirement, etc.), and applicable dependent birth certificate(s), as required. **These copies will not be returned.**

PRINT YOUR NAME	Home Monitoring or Work Release	Number of Dependents (Include spouse and self)
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SALARY/WAGES AND OTHER INCOME (INCLUDE SPOUSE'S SALARY/WAGES/INCOME):

<u>Employers and/or Other Sources of Income</u>	<u>Hourly Rate/ Monthly Salary/Other</u>	<u>Comments</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

List Dependents Below: (A marriage certificate and birth certificates for each child should be attached, if required.)

<u>Name of Dependents</u>	<u>Relationship</u>	<u>Age</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

(PLEASE USE ANOTHER SHEET IF MORE LINES ARE REQUIRED)

YOUR SIGNATURE	DATE COMPLETED
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ACF Supervisory Review and Results of Request:				
<input type="checkbox"/> 100% Waived	<input type="checkbox"/> 75% Waived	<input type="checkbox"/> 50% Waived	<input type="checkbox"/> 25% Waived	<input type="checkbox"/> No Waiver
				<input type="checkbox"/> File Copy

Please forward findings to Resident Accounts and Ron Harley CIS A&R