

IN THE COURT OF COMMON PLEAS

Motion to Reduce or Waive Supervision Fees

CRIMINAL CASE CAPTION Commonwealth v.	CPCMS CASE NUMBER
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DEFENDANT'S CURRENT ADDRESS

MOTION

1) On \_\_\_\_\_ the defendant was placed on probation in the above-case, to be supervised for a maximum term of \_\_\_\_\_ months, beginning on \_\_\_\_\_. A supervision fee in the sum of \_\_\_\_ per month was ordered.

2) The Defendant is/was also supervised in the following cases during the same period identified above:  
\_\_\_\_\_

3) The Defendant has paid \$ \_\_\_\_\_ in supervision fees, and as of \_\_\_\_\_ owes \$ \_\_\_\_\_.

4) The Defendant has paid \$ \_\_\_\_\_ in fees, fines, costs and restitution and as of \_\_\_\_\_ owes \$ \_\_\_\_\_

5) Defendant requests the Court to reduce or waive supervision fees for the following reason(s),  
*(Check the basis for your request and attach relevant information)*

a. the Defendant is 62 years of age or older with no income.

b. The Defendant is receiving public assistance in the sum of \$ \_\_\_\_\_. The *Award Letter* is attached;

c. The Defendant is enrolled as a full-time student for 12 semester hours in an educational institution approved by the United States Department of Education. *Proof of enrollment is attached;*

d. The Defendant is currently incarcerated or was incarcerated at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_;

e. The Defendant is not employable as a result of a disability, as determined by an examination which must be acceptable to the court. *A copy of the medical examination is attached;*

f. The Defendant is responsible for the support of dependants, and the payment of a supervision fee constitutes an undue hardship upon the defendant. List in detail the name, age, relationship, and income of each dependant;

g. The Defendant is participating in an in-patient treatment program. *Attach proof of admission and duration;* and

h. Due to the following extenuating circumstances *(describe in detail);*

*(Attach Additional Pages As Necessary)*

VERIFICATION

I, being duly sworn according to law, depose and say that I am the defendant in the within action and that the facts set forth above are true and correct to the best of my knowledge, information and belief.

I verify that the statements made herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date	Name of Defendant	Signature of Defendant
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Attorney Name	Attorney ID Number	Signature of Attorney
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