

# 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*