

State of Nebraska \_\_\_\_\_, Case No. \_\_\_\_\_

Plaintiff,

vs.

\_\_\_\_\_,  
Defendant.

**REQUEST FOR  
PROBATION FEE WAIVER**

I, \_\_\_\_\_, probation officer for  
\_\_\_\_\_, request that the listed fees be  
waived and deemed uncollectible due to:

Monthly Programming fees in the amount of \_\_\_\_\_.

Monthly Drug Testing fees in the amount of \_\_\_\_\_.

Offender Assessment Screening fee in the amount of \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

of Probation Officer

Printed Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_