



**“TO PROTECT  
AND SERVE”**

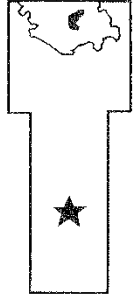
**SHERIFF BRENT C. LINDGREN  
MILLE LACS COUNTY**

**640 3rd St. S.E.  
Milaca MN 56353  
(320) 983-8250**

**FAX: (320) 983-8343 (Sheriff's Office, Civil Process)**

**FAX (320) 983-8270 (Dispatch)**

**FAX (320) 983-8419 (Jail)**



Practices for Fee Waiver under Minn. Stat. § 641.12, subd. 3(b)

Application for waiver of the inmate fee and associated costs must be submitted to the Mille Lacs County Sheriff's Office with the attached form and required attachments. Failure to complete the form or provide all requested data will result in denial of the request. The jail administrator will determine whether the requested waiver shall be denied, granted or granted in part or on conditions.

Waiver of Payment

- I. Payment due Mille lacs County as the result of an inmate's incarceration in the custody of the Mille lacs County Jail or another facility at the direction of the Mille lacs County Sheriff or Jail Administrator may be waived in whole or in part if it is determined that:
  - a. The inmate does not now, nor will in the foreseeable future, have the ability to pay the costs;
  - b. The payment of the costs would create undue hardship for the inmate or the inmate's immediate family;
  - c. The prospects for payment are so poor as to make reasonable efforts at collection futile; or
  - d. Other extenuating circumstances warrant waiver of continued collection efforts.
- II. The County may decide to not waive payment but using the waiver application and applying the criteria in section I may decide to not proactively seek collection of payment or limit the method of recovery employed. For example and without limitation the County may decide to limit collection efforts to Revenue Recapture or from funds of the offender in the possession of the offender upon a subsequent incarceration.
- III. False Statements. If it is subsequently determined the application contains any material of false statement or omissions the fee waiver may be revoked.

As part of your application for waiver of jail fees you are being asked to provide certain income and expense data to the Mille lacs County Sheriff's Office. This data will be used to review and act upon your waiver request. You are not legally required to provide this data, which is classified as private corrections and detention data under Minn. Stat. § 13.85, subd. 2. If you do not supply the data the Sherriff's Office will not be able to consider the merits of your request and waiver will be denied. The data you provide may be reviewed and used by Sheriff's staff, the County Attorney, third parties who may need to be contacted to verify the accuracy of the data and such other persons you authorize or who are entitled by law to the data.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Case #(s): \_\_\_\_\_

Single  Married # of Dependents: \_\_\_\_\_

**Public Assistance - Check all that apply**

I receive:

**\*Medical Assistance (MA) benefits do not qualify\***

**\*SNAP benefits do not qualify\***

Minnesota Family Investment Plan (MFIP)

Minnesota Supplemental Assistance (MSA)

MFIP-Diversions Assistance

Group Residential Housing (GRH)

Diversions Work Program (DWP)

Qualified Medicare Beneficiary (QMB)

General Assistant (GA)

Supplemental Security Income

**\*Submit documentation from Financial Worker**

**Family Income - check the status that applies**

I am currently employed by \_\_\_\_\_.

I make \$ \_\_\_\_\_ per hour.

I work \_\_\_\_\_ hours per week.

**\* Submit at least 2 most recent pay stubs or most recent Federal Tax Return.**

I am currently UNEMPLOYED. The last time I worked was on \_\_\_\_\_.

My employer was \_\_\_\_\_.

I made \$ \_\_\_\_\_ per hour. I worked \_\_\_\_\_ hours per week.

I receive Unemployment Insurance Benefits:  Yes  No

**\* If yes, I receive \$ \_\_\_\_\_ per month.**

**\* Submit a copy of your benefit statement.**

I support myself and/or dependents by: \_\_\_\_\_.

I receive Social Security Disability, Social Security Income. I receive \$ \_\_\_\_\_ per month.

**\* Submit a copy of a statement with the monthly amount you receive.**

# INCOME INFORMATION WORKSHEET

<b>1. Monthly Living Expenses:</b>
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Expense Type	Cost	Expense Type	Cost
Rent / Mortgage Payment	\$	Transportation (car payment, gasoline, bus, taxi)	\$
Contract for Deed / 2 <sup>nd</sup> Mortgage	\$	Medical and Dental Expenses (not covered by insurance)	\$
Homeowner's / Rental Insurance	\$	Cable TV / Internet	\$
Property Taxes (if not included in mortgage payment)	\$	Car Insurance	\$
Heating & Electric	\$	Clothing	\$
Food	\$	Other Spousal Maintenance payments	\$
Telephone / Cell Phone	\$	Other Child support payments	\$
Child Care Payments	\$	Other Miscellaneous payments	\$
<b>Total monthly income received:</b>			<b>\$</b>

<b>2. Monthly Withholdings:</b>
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a. Federal Income Tax Deductions	\$
b. State Tax Deductions	\$
Social Security (FICA) and Medicare	\$
Retirement Contribution	\$
Union Dues	\$
Health Care / Medical	\$
Dental Coverage	\$
c. Other Paycheck Deductions (specify):	\$
1.	\$
2.	\$
Subtotal Deductions	\$

# INCOME INFORMATION WORKSHEET

3. **Real Property:** Provide the following information for real property owned by you and/or your spouse or another person. If more room is needed attach another sheet of paper

Homestead/Other Property	
a. Date Acquired	
b. Purchase Price \$	\$
c. Present Fair Market Value	\$
d. Balance due on Mortgage \$	\$
e. Present New Value (c-d)	\$
f. Monthly Payment (PITI) \$	\$
g. Rental Income, If any \$	\$
Investment Accounts, Mutual Funds, Stocks, bonds, etc. (list)	
1.	\$
2.	\$
3.	\$
4.	\$
IRAs, Profit Sharing Plans, Savings Plan (e.g. 401K), Pension, etc.	
1.	\$
2.	\$
3.	\$
4.	\$
Annuities	
1.	\$
2.	\$
Vehicles, Boats, Campers, Snowmobiles, Aircraft, Trailer, Etc....,	
1.	\$
2.	\$
3.	\$
4.	\$
Farm Machinery, equipment, animals, crops, seed, Etc....,	
1.	\$
2.	\$
3.	\$
Business or Partnership Interest	
1.	\$
2.	\$
3.	\$
Intellectual Property, such as patents, copyrights, etc.	
1.	\$
2.	\$
3.	\$
Other	
1.	\$
2.	\$

# INCOME INFORMATION WORKSHEET

***By signing this application, I agree the information provided to me is truthful and accurate. I understand that should Mille lacs County approve my waiver based on any false information, I will be responsible to reimburse any fees previously waived.***

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

\_\_\_\_\_

**Submit all required documentation along with this form to:**  
Jail Administration

*All waivers will be considered upon written request and supporting documentation provided by the offender. All waivers are within the exclusive authority of the Sheriff's Office. Appeals may be submitted to the Jail Administrator, or designee, within 30 calendar days of the notice of the offender.*

## FOR OFFICIAL USE ONLY

Date Received:

\_\_\_\_\_

Approved

Approved in Part Approved in the amount of

\$ \_\_\_\_\_

leaving a balance of

\$ \_\_\_\_\_

Denied

# INCOME INFORMATION WORKSHEET

**Denied but collection efforts will be limited to:**

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Date Approved/Denied:

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