



## INDIGENT FEE WAIVER

DATE: \_\_\_\_\_

OFFENDER: \_\_\_\_\_

TOMIS/SO#: \_\_\_\_\_

FEE WAIVER EXPLANATION:

---

---

---

---

---

---

---

---

Registering agencies shall make the determination of an offender's ability to pay the administrative costs annually, at the time the payment is due.

FEE WAIVED BY: \_\_\_\_\_