

UNITED STATES PROBATION AND PRETRIAL SERVICES
DISTRICT OF UTAH

JEFFREY H. ROSENLUND
CHIEF PROBATION OFFICER

ERIC E. ANDERSON
DEPUTY CHIEF PROBATION OFFICER



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SALT LAKE CITY, UT 84101

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Copay Waiver Request from

Date of Request _____
Type Agency Name _____

Defendant Name: _____
First Last Pacts #:

Justification for this request:

A Copayment waiver is requested for:

- 60 Days** Approval End Date: _____
- 90 Days** Approval End Date: _____
- Fixed Rate of \$25 a month - Behavioral Health Court Disability**
- Fixed Rate of \$50 a month – Specialty Courts**

I certify I have discussed this request with the designated probation officer prior to this request.

Print Provider Name Provider Signature Officer Name Date

A copy of this approval will be submitted with each monthly invoice until the approval end date.

USPO Office Use:

Denial Reason: _____
Approval

Approving Signature Date