Nebraska State Court Form

CC 7:8 Rev. 06/2016

NOTIFICATION OF INTERSTATE COMPACT PROBATION END AND FEE REDUCTION

IN THE _____ COURT OF _____ COUNTY, NEBRASKA

Choose the court Choose the county

State of Nebraska _____
Plaintiff,

Case No. _____

vs.

_____ ,
Defendant.

NOTIFICATION OF INTERSTATE COMPACT PROBATION END AND FEE REDUCTION

Full Name:	Date of Birth:
Address:	
Sending State Name:	
Probation Start Date:	Probation End Date:
Sending State Case #	
Transfer Date:	County of Supervision:
Original Probation Term:	Release Type:
Actual Number of Months of Supervised:	
Enrollment Fee ($30 one-time fee) Assessed: Paid to Date: Owed:	
Monthly Supervision Fees ($25 per month of supervision) *Assessed: Paid to Date: Owed: **Reduce Judgment to: _____ _____	
Drug Testing Fees ($5 per month) *Assessed: Paid to Date: Owed: **Reduce Judgment to: _____ _____	

*Calculated, anticipated fees for months supervised in Nebraska.
**Fees for months supervised in Nebraska.

_____
Signature of Probation Officer

Date:_____

_____
Name

_____
Street Address/P.O. Box

_____
Phone Number

_____
City/State/ZIP Code

_____
Email Address