



Fee Payment

Case Number/Name: _____

Name of Offender: _____

Name of Parent(s)/Guardian/Supporter: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Participation in this program is voluntary. I agree to pay the fee of \$200.00 to participate in the program to cover administrative costs. If the program does not accept my case, the fee will be returned. Upon acceptance to the circle, the fee becomes non-refundable. This fee will not be applied to any financial restitution that is owed to the persons harmed in this case.

Offender Signature: _____

Parent/Guardian/Supporter Signature: _____

Parent/Guardian/Supporter Signature: _____

Please make checks payable to: **C4RJ** with “**program fee**” in memo.
Mail to P.O. Box 65, Concord MA 01742. Fee is payable at or before intake interview unless other arrangements are made.

Paid: _____ Date: _____ Check #: _____

Received By: _____ Receipt Provided: _____