



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Restitution / Fine Payment Schedule:

Date: Click here to enter a date.	Location: Choose an item.	Probation Officer: Click here to enter text.
Offender Name: Click here to enter text.	Offender #: Click here to enter text.	Date of Birth: Click here to enter a date.

Expected Payment: Click here to enter text.	Case Number(s): Click here to enter text. Click here to enter text.	Total Restitution: Click here to enter text. Click here to enter text.	Total Fines: Click here to enter text. Click here to enter text.
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I, Click here to enter text., in compliance with the Judgement and Order of Probation in the above mentioned case(s) agree to pay restitution/fine payments in the amount of Click here to enter text., at a rate of Click here to enter text. per Choose an item. effective Click here to enter a date.. Payments will be made directly to Choose an item..

The probation officer has explained to me, and I understand that the failure to make a restitution/fine payment, in accordance with this schedule, is a violation of my probation and/or parole which may result in a probation/parole violation being filed. I also understand that I may only earn compliance credits by making restitution/fine payments in accordance with this payment schedule.

Any excused payments will be excused in writing and a payment may only be excused by a Judge of the Superior Court or by a probation officer. A payment may not be excused by my attorney, the Clerk of the Superior Court or the victim(s) in this case.

Offender Signature:	Date:
Probation/Parole Officer Signature:	Date:
Probation/Parole Officer Printed Name:	Date: