

ASHTABULA MUNICIPAL COURT
FINE ASSISTANCE PROGRAM (F.A.P) APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____

EMAIL: _____

CASE NO.(S) _____ Total Amt Owed: _____

Employed: Yes or No (circle one) Employer's Name: _____

Gross Monthly Income: _____ (include Unemployment, Worker's Compensation, Child Support, other types of income)

I hereby certify that this information provided on this application is true to the best of my knowledge.

(Signature)

(Date)

The F.A.P. non-refundable application fee of \$85.00 is due once accepted into the program.

REQUIREMENTS:
You must complete either 5 hours a week or 20 hours a month at a MINIMUM of Community Service.
If you fail to complete the program as determined by the Court, you will owe the balance of fines/court costs and your license forfeited and/or registration blocked. _____ (INITIALS)
(INITIAL ABOVE THAT YOU HAVE READ AND UNDERSTAND)