

MASSACHUSETTS TRIAL COURT

Request for Waiver of the Examination Fee

A waiver may be granted if an applicant demonstrates a need based upon financial hardship

Exam Title: PROBATION OFFICER ENTRANCE EXAM 2025

Registrant Name: _____

Home Address: _____

Email Address: _____ **Daytime Telephone Number:** _____

Please note: To be considered for a fee waiver, this form and the required supporting documentation must be e-mailed to exams@jud.state.ma.us on or before **Thursday, August 28, 2025**.

I request a waiver of the Examination Processing Fee and attest that I am an approved participant in the following program(s) (please indicate at least one):

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Nutritional Assistance | <input type="checkbox"/> Massachusetts Refugee Resettlement Program |
| <input type="checkbox"/> Program (SNAP- formerly Food Stamps) | <input type="checkbox"/> Municipal Veterans Benefits under MGL Ch. 115 |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Transitional Aid to Families and Dependent | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Children (TAFDC) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Unemployment Insurance (UI) | <input type="checkbox"/> Other social services/social welfare program: _____ |
| <input type="checkbox"/> Women Infants Children Program (WIC) | |

I am submitting the required supporting documentation, which must be in the following form:

1. Official receipts, check stubs, or agency verification documents (ID cards or member cards are not acceptable documentation);
2. Which are dated within the past 12 months;
3. Are addressed to me;
4. And verify that I have received the assistance indicated above within the past 12 months.

I understand that the approval of this application for a fee waiver is solely within the discretion of the Office of Court Management. I understand that it is my responsibility to ensure that this Form and the required supporting documentation are provided as outlined above. **I understand that if I do not submit acceptable supporting documentation, my fee waiver request will be denied.** I understand that in order to take an examination, I must either be approved for a fee waiver or if my fee waiver request is denied, I register and pay the required fee.

I hereby declare under the penalties of perjury that the statement above is true. I authorize the agency administering the benefits I have indicated above to release information sufficient to verify my claim should a question of authenticity arise in regards to my fee waiver request.

Registrant's Signature

Date of Request