

Office of Court Management
Two Center Plaza, Room 540
Boston, MA 02108

Email: exams@jud.state.ma.us
Telephone: (617)742-8575
<https://www.mass.gov/jobs-with-the-court-system>

MASSACHUSETTS TRIAL COURT

Request for Waiver of the Examination Fee

Exam Title: Probation Officer Entrance Exam 2019

Registrant Name: _____

Home Address: _____

Email Address: _____

Daytime Telephone Number: _____

Please note: This form and the required **supporting documentation** must be either e-mailed to exams@jud.state.ma.us or faxed to **(617)742-0968** on or before **August 30, 2019**.

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"/> Free and reduced price lunch or milk at school or day care center | <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP- formerly Food Stamps) |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Massachusetts Refugee Resettlement Program | <input type="checkbox"/> Transitional Aid to Families and Dependent Children (TAFDC) |
| <input type="checkbox"/> Municipal Veterans Benefits under MGL Ch. 115 | <input type="checkbox"/> Unemployment Insurance (UI) |
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Veterans Administration Vocational Rehabilitation |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Vocational Rehabilitation Services (VR) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <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 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