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PSI DAPO NAME: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_ CR#: \_\_\_\_\_

**Step 1: To compute Total Financial Assessment (G.), use Defendant's Financial Statement and Tables 1, 2 and/or 3.**

_____ <b>(A.) Defendant's NET Income per Pay Period Line 4* Financial Statement</b>	÷	_____ <b>(B.) Number of Days in Pay Period Line 4* Financial Statement</b>	=	_____ <b>(C.) Defendant's NET Daily Income Round off to nearest dollar</b>		_____ <b>(D.) Total Persons Supported Question 3 Financial Statement</b>		_____ <b>(E.) Financial Assessment Unit Value Table 1 Reference C and D</b>	X	_____ <b>(F.) Number of Financial Assessment Units by Offense Table 2</b>	=	_____ <b>(G.) Total Financial Assessment Go to Step 2</b>
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\*If unemployed; reference line 5 of Financial Statement for Occupation and use Table 3 to compute (C.).

**Step 2: To compute disbursement, start with (G.) and subtract appropriate Fees, Fines and Restitution. Any remaining balance is PSF.**

_____ <b>(H.) Total Financial Assessment Use (G.) from line above</b>	-	_____ <b>(I.) Time Payment Fee</b>	=	_____ <b>(J.)</b>	-	_____ <b>(K.) Victim Compensation Fund</b>	=	_____ <b>(L.)</b>	-	_____ <b>(M.) Restitution</b>	=	_____ <b>(N.)</b>	-	_____ <b>(O.) Fine and Surcharge</b>	=	_____ <b>(P.)* *If amount is NEGATIVE: (N.) is Fine (P.) is Civil Judgement (Q.) = 0 (R.) = 0</b>	-	_____ <b>(Q.) Reimbursement</b>	=	_____ <b>(R.) Probation Service Fee</b>
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**Step 3: To recommend disbursement, bring down (I.), (K.), (M.), (O.), (Q.) and (R.) from Step 2. If necessary, bring down (N.) and (P.).**

<b>(I.) Time Payment Fee</b>	\$ _____		
<b>(K.) Victim Compensation Fund</b>	\$ _____		
<b>(M.) Restitution</b>	\$ _____		
<b>(O.) or (N.) Fine and Surcharge</b>	\$ _____	+	<b>(P.) Civil Judgement</b> _____ <small>(delete negative sign)</small>
<b>(Q.) Reimbursement</b>	\$ _____		
<b>(R.) Probation Service Fee</b>	\$ _____		
<b>Total Financial Assessment</b>	\$ _____		<b>Must equal (G.)</b>

IN THE SUPERIOR COURT  
STATE OF ARIZONA - MARICOPA COUNTY

STATE OF ARIZONA

vs

CR

JUDGMENT AND ORDER  
SUSPENDING SENTENCE  
AND IMPOSING TERMS OF  
F.A.R.E. PROBATION

IT IS THE JUDGMENT OF THIS COURT THAT DEFENDANT IS GUILTY OF:

ORDERED suspending imposition of sentence and placing the defendant on probation under the supervision of the Adult Probation Department F.A.R.E. (Financial Assessments Related to Employability) Program until the fulfillment of the following financial assessment or for \_\_\_\_\_ years / months, whichever occurs first.  
The defendant shall abide by all regulations checked below.

1. Pay a financial assessment of \$ \_\_\_\_\_ through the Clerk of the Maricopa County Superior Court in payments of at least \$ \_\_\_\_\_ commencing this date and every month thereafter as directed by the supervising probation officer until paid in full. The Clerks Office shall distribute the assessment as follows:

- a. Time Payment Fee \$ \_\_\_\_\_
- b. Victim Compensation Fund \$ \_\_\_\_\_
- c. Restitution \$ \_\_\_\_\_
- d. Fine and Surcharge \$ \_\_\_\_\_ + \_\_\_\_\_ Civil Judgment  
(ARS \_\_\_\_\_ )
- e. Reimbursement \$ \_\_\_\_\_
- f. Probation Service Fee \$ \_\_\_\_\_
- TOTAL ASSESSMENT \$ \_\_\_\_\_

- 2. Notify the supervising probation officer in writing within 10 days of any change in residential address.
- 3. Not be formally charged with any new felony offense(s).
- 4. Be incarcerated in the Maricopa County Jail in accordance with ARS 13-901(F) for a period of \_\_\_\_\_ days/months beginning on \_\_\_\_\_ (with a flat time release date of \_\_\_\_\_). The defendant shall be considered for appropriate Furlough Programs, and if accepted abide by all rules and regulations.

JUDGE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT AND ACKNOWLEDGEMENT: I ACKNOWLEDGE RECEIPT OF A COPY OF THE FOREGOING TERMS AND REGULATIONS OF PROBATION. I UNDERSTAND THAT IF I VIOLATE ANY TERM OR CONDITION THE COURT MAY REVOKE AND TERMINATE MY PROBATION AND IMPOSE A MAXIMUM SENTENCE IN ACCORDANCE WITH THE LAW. I AGREE TO WAIVE EXTRADITION FOR ANY PROBATION REVOCATION PROCEEDINGS WHICH OCCUR WITH REFERENCE TO PROBATION GRANTED BY THIS ORDER.

DEFENDANT \_\_\_\_\_ DATE \_\_\_\_\_

# FARE Probation Client Interview Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

## Employment:

- Employed
- Full-Time  Part-Time
- Unemployed
- Disabled
- Student
- Homemaker
- Military
- Other \_\_\_\_\_

## Supported By:

- Self
- Spouse
- Parents
- Welfare
- S.S.I.
- A.D.C.
- Unemployment
- Other \_\_\_\_\_

## Persons Supported:

- Self
- Spouse
- Children (#of) \_\_\_\_\_
- Other \_\_\_\_\_
- TOTAL \_\_\_\_\_

If unemployed, months of unemployment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Your NET Income (take home pay, welfare, etc.): \$ \_\_\_\_\_ every \_\_\_\_\_ days

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## ASSETS (Value)

Motor Vehicle(s)	\$	_____
Home	\$	_____
Property	\$	_____
Savings Account(s)	\$	_____
Checking Account(s)	\$	_____
Cash on hand	\$	_____
All Other	\$	_____
<b>TOTAL ASSETS</b>	<b>\$</b>	_____

## MONTHLY EXPENSES

Rent / Mortgage	\$	_____
Utilities / Insurance	\$	_____
Loans / Credit Cards	\$	_____
Food / Clothing	\$	_____
Transportation	\$	_____
Medical / Dental	\$	_____
All Other	\$	_____
<b>TOTAL EXPENSES</b>	<b>\$</b>	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Case#: \_\_\_\_\_ S: \_\_\_\_\_ E: \_\_\_\_\_ Interviewer: \_\_\_\_\_

MARICOPA COUNTY ADULT PROBATION DEPARTMENT

**FARE PROBATION CONTRACT**

NAME \_\_\_\_\_

CASE # \_\_\_\_\_

In accordance with the terms of probation granted by the Court in the above cause and the provisions of Rule 27.1 of the Arizona Rules of Criminal Procedure, the following regulations are deemed necessary to implement the conditions imposed by the Court, and are not inconsistent with them.

**TERM # 1:** The above named probationer is hereby directed to pay a financial assessment in the total amount of \$ \_\_\_\_\_, in payments of at least \$ \_\_\_\_\_, which are due on the \_\_\_\_\_ and \_\_\_\_\_ of every month, beginning immediately and continuing until the assessment is paid in full. If you fail to make these payments, a **warrant** could be issued for your arrest, your probation could be revoked, and the original sentence for your offense could be imposed.

**PAYMENT INSTRUCTIONS**

1. All payments are due at the probation office on the above noted dates.
2. If making payment by mail, use the preaddressed envelopes you were provided and send a money order, cashiers check, or personal check. Do not send cash. Make sure you write your Name, Address, and Case Number on the payment.  
**Make payable to:** Clerk of the Superior Court  
**Mail payment to:** Maricopa County Adult Probation / FARE  
P.O. Box 29613  
Phoenix, AZ 85038-9613
3. Cash payments can be made in person at:  
45 W. Jefferson, Suite 210, Phoenix
4. If you are unable to make a payment or need more envelopes, immediately contact Marilyn Windust at 262-3239.

**TERM # 2:** The above named probationer is hereby directed to notify the supervising probation officer, in writing, within 10 days of any change in residential address.

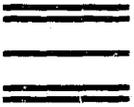
\_\_\_\_\_  
**Deputy Adult Probation Officer**

I have (read the above) (had the above explained to me) and fully understand the directive of the Probation Officer. Further, on the date undersigned, I acknowledge receipt of a copy of this document and I have no additional questions as to my expected behavior.

\_\_\_\_\_  
**Probationer**

\_\_\_\_\_  
**Date**

1. Do not send cash.
2. Please print name, address, and case number on payment.



Return Address

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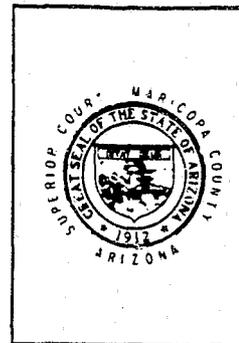
MARICOPA COUNTY ADULT PROBATION/F.A.R.E.  
PO BOX 29613  
PHOENIX AZ 85038-9613



# ADULT PROBATION DEPARTMENT

SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY

NORMAN L. HELBER, Chief Probation Officer



MAILING ADDRESS  
P.O. Box 3407  
Commerce Station  
Phoenix, AZ 85030

MEMO TO: BRUCE ATKINSON  
FROM: MARILYNN WINDUST  
DATE: MAY 29, 1991  
RE: GEOFFREY WRIGHT, CR9100001

According to LEJIS information, the above noted defendant is set for sentencing in a F.A.R.E.-eligible division. Please consider such a sanction for those who are appropriate, based on the criteria provided in your F.A.R.E. manual.

Call Marilyn Windust at 262-3239 or 250-9762 if you have any questions about F.A.R.E., or would like to staff a case.

Thanks.