



FORM D
FINE OPTION PROGRAM REGISTRATION FORM

Saskatchewan Justice **F.O.P. Registration Form** **Court Copy**

Fine Option Program
 Post Warrant Fine Option
 12-15 Years Olds (Fine Option)

Notice of Fine
 Default Conviction Letter
 Letter re: Unpaid Fines

Name _____
 (Last) (First Name)

To: _____
 Home Court Address _____

Address: _____

Phone Number _____

Court Date _____
 Day / Month / Year

Birthdate _____
 Day / Month / Year

NOTICE OF FINE

File/Information or Ticket Number	Infraction		Amount Of		Date of Default Day/Month/Year	Failure To Pay Will Result In Incarceration	Number of Hours of Community Service Work
	Act/CC	Section	Fine \$	Surcharge \$ Or Late Payment Fee			
1						days mths	
2						days mths	
3						days mths	
4						days mths	
5						days mths	

Total Hours _____

Provision of the information requested in this form is voluntary on your part and does not in any way determine your eligibility for any program. The information will be kept confidential and used solely for planning and statistical purposes.			Date Offender Reported _____ Day / Month / Year		
Extension Date Requested To: (Expected Completion Date) _____ Day / Month / Year			Fine Option Agent: _____ Address: _____		
Employment	Sex	Ethnic Origin			
Employed <input type="checkbox"/>	Male <input type="checkbox"/>	Caucasian <input type="checkbox"/>			
Unemployed <input type="checkbox"/>		Status Indian <input type="checkbox"/>			
Student <input type="checkbox"/>	Female <input type="checkbox"/>	Other Native <input type="checkbox"/>			
Homemaker <input type="checkbox"/>		Other <input type="checkbox"/>			

NOTE: This Copy Must Be Sent To The Home Court Address Immediately as Notification of Registration in the F.O.P.