



FORM C  
FINE SETTLEMENT FORM

**Saskatchewan Justice** **Fine Settlement 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	Failure To Pay Will Result In Incarceration Of:	Number of Hours of Community Service Work
	Act/CC	Section	Fine \$	Surcharge \$ Or Late Payment Fee	Day/Month/Year		
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.

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"/>

Date Offender Reported \_\_\_\_\_  
 Day / Month / Year

Extension Date Requested To: (Expected Completion Date) \_\_\_\_\_  
 Day / Month / Year

Fine Option Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_

\$ \_\_\_\_\_ Total Amount Of Fine(s)  
 \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 Hours Of Work Completed Minimum Wage Value Of Work Completed  
 (-) \_\_\_\_\_  
 (-) \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Balance Owng On Fine(s)

Complete  
 Incomplete  
 Special Interim Statement

Name of Work Placement Agency(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Reason for Second or Subsequent Placement(s)/Reregistration

\_\_\_\_\_

Signature of Fine Option Agent: \_\_\_\_\_

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

\_\_\_\_\_

Date \_\_\_\_\_  
 Day / Month / Year

If "Incomplete", please check off one of the following reasons:

No Show  
 Chose to pay fine  
 Transferred to/from: \_\_\_\_\_  
 City/Town/Reserve  
 Terminated (Explain) \_\_\_\_\_  
 \_\_\_\_\_  
 Special Interim Report  
 Reason Not Known  
 Other \_\_\_\_\_