



# Administrative Waiver Application

**DISC Village, Inc.**  
**Adult Civil Citation**  
 1000 West Tharpe Street  
 Tallahassee, FL 32301  
[www.discvillage.com](http://www.discvillage.com)

**(850)487-0432 fax: (850)487-0431**

## INSTRUCTIONS

Applicants completing this application are requesting an Administrative Waiver for the Program Fee Sanction associated with the Adult Civil Citation Program. Applicants understand that all other sanctions must be completed before this Application can be submitted for review. Income documentation must be attached to this application upon completion. Applications will not be submitted for review with-out proper documentation to verify income.

A complete Individual User Report must also be attached to this application before submission to verify all other sanctions have been completed and entered into the system.

We consider applicants applying for Administrative Waiver without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

<b>Date of Application:</b>		<b>Application Submission Date:</b>	
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(Completed by Staff)

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Mobile Phone</b>	<b>Home Phone</b>		<b>Work Phone</b>		
<b>Do You Own a Motor Vehicle?</b>		<b>If No, describe your mode of Transportation</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					

	<b>High School</b>				<b>Under Graduate College/University</b>				<b>Graduate/Professional</b>			
<b>School Name &amp; Location</b>												
<b>Years Completed (circle)</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Diploma/Degree Earned</b>												
<b>Describe and specialized training, skills, and extra curricular activities</b>												

## Household & Income Summary

Complete the following Income Summary fields stating all sources of income for your household.  
**DOCUMENTATION MUST BE ATTACHED FOR VALIDATION!**

Household Summary		
Household Size:		
Spouse:	Yes	No
Children:	Yes	No
<i>If Yes, how many?</i>		
Other Household Members:	Yes	No
<i>If Yes, how many?</i>		

Income from Employment			
My Yearly Income:	\$	Verified By:	<input type="checkbox"/> W-2 <input type="checkbox"/> Current Payroll Stub <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other <input type="checkbox"/> Signed Letter from Current Employer
Spouse's Yearly Income:	\$	Verified By:	<input type="checkbox"/> W-2 <input type="checkbox"/> Current Payroll Stub <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other <input type="checkbox"/> Signed Letter from Current Employer
Other Household Member:	\$	Verified By:	<input type="checkbox"/> W-2 <input type="checkbox"/> Current Payroll Stub <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other <input type="checkbox"/> Signed Letter from Current Employer
If Living At Home or a Student, Family Income:	\$	Verified By:	<input type="checkbox"/> W-2 <input type="checkbox"/> Current Payroll Stub <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other <input type="checkbox"/> Signed Letter from Current Employer

<b>Other Income Sources</b>			
Social Security Income:	\$	Verified By:	<input type="checkbox"/> Receipt <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other
Disability:	\$	Verified By:	<input type="checkbox"/> Receipt <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other
Unemployment:	\$	Verified By:	<input type="checkbox"/> Receipt <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other
Retirement:	\$	Verified By:	<input type="checkbox"/> Receipt <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other
Child Support:	\$	Verified By:	<input type="checkbox"/> Receipt <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other
Other Income:	\$	Verified By:	<input type="checkbox"/> Receipt <input type="checkbox"/> Previous Year Tax Return <input type="checkbox"/> Other

# Employment History

Complete the following Employment History fields starting with your present or last job. Include and job-related military service assignments and volunteer activities. If you require more space, use the

<b>1</b>	<b>Employer Name &amp; Address</b>	<b>Dates Employed</b>	<b>From:</b>	
			<b>To:</b>	
		<b>Telephone:</b>		
		<b>Job Title:</b>		
		<b>Supervisor:</b>		
	<b>Hourly Rate/ Salary at time of Employment End:</b>			
	<b>Reason for Leaving:</b>			
<b>Description of Job Duties:</b>				

<b>2</b>	<b>Employer Name &amp; Address</b>	<b>Dates Employed</b>	<b>From:</b>	
			<b>To:</b>	
		<b>Telephone:</b>		
		<b>Job Title:</b>		
		<b>Supervisor:</b>		
	<b>Hourly Rate/ Salary at time of Employment End:</b>			
	<b>Reason for Leaving:</b>			
<b>Description of Job Duties:</b>				

<b>3</b>	<b>Employer Name &amp; Address</b>		<b>Dates Employed</b>	<b>From:</b>		
				<b>To:</b>		
			<b>Telephone:</b>			
			<b>Job Title:</b>			
			<b>Supervisor:</b>			
	<b>Hourly Rate/ Salary at time of Employment End:</b>					
	<b>Reason for Leaving:</b>					
<b>Description of Job Duties:</b>						

### **Special Skills & Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## **Request for Administrative Waiver:**

*Please provide a brief description regarding why you believe you qualify for an Administrative Waiver. Waivers are reviewed on a case-by- case basis. Required sanctions must be completed before an application can be submitted for review. All reasonable applications will be considered and evaluated by the Review Committee.*

*Provide your description in the space below. If you need more space use the back of this page.*

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\_\_\_\_\_  
**Consumer Signature**

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

\_\_\_\_\_  
**Staff Signature**

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