



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

50% Restitution Waiver For Interstate Compact (ISC) Transfer

Form:

Date: Click here to enter a date.	Location: Choose an item.	Probation Officer: Click here to enter text.
Offender Name: Click here to enter text.	Offender #: Click here to enter text.	Date of Birth: Click here to enter a date.
Case Number(s):	Outstanding Restitution Amount:	
	Date of Last Payment:	
	Amount Paid to Date:	

Reason for Request: Employed Unemployed No means of support Other

Approved Not approved

Additional Requirements:



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Approving Designee: _____

Date: _____