



Community Justice Services Appointment Request

Name: _____

Case Number: _____

Type of appointment:

In-Home Community Service MOP Pretrial Supervision

Email Address: _____

Phone Number: _____

Preferred method of contact: _____

Preferred time and date: _____

Are you able to pay the intake fee at the time of the appointment?

Yes

No

Intake Fee Schedule:

Community Service: \$75

Pretrial Supervision: \$40

Thank you for submitting your request. Please allow 72 hours for response time.