



Massachusetts Impaired Driving Program  
**FEE WAIVER FORM**

**This form is to be used only for court-approved 24D program waivers.**

**COURT OFFICERS:** Please complete this form in its entirety.  
Print legibly and have this form signed by a presiding justice prior to submission to SSTAR.  
**FAX THE COMPLETED FORM TO THE MID PROGRAM AT (508) 673-3182**

**ABOUT FEE WAIVERS FOR CHAPTER 90, SECTION 24D OFFENSES.**

Fees that are waived under judicial authority are billed to the Bureau of Substance Addiction Services (BSAS) at the Massachusetts Department of Public Health (MDPH). **As of 1/1/2021 the MID rate is \$910.96.** This fee is set by the Massachusetts Rate Setting Commission and is subject to change.

**PLEASE INCLUDE THE FOLLOWING INFORMATION ON THIS FORM.**

INCOMPLETE FORMS WILL BE RETURNED.

- Defendant (Probationer) identity
- Amount of fee being waived (this is especially important for partial fee waivers)
- Effective date of the waiver
- Printed name of approving justice
- Signature of approving justice

**Court declaration of indigency requires signature of presiding justice below**

*I, the undersigned, as a duly authorized representative of the court hereby affirm the defendant (probationer) named herein to be indigent for the purposes of a Chapter 90-24D program fee waiver.*

|                                     |                                  |                    |
|-------------------------------------|----------------------------------|--------------------|
| <i>Court Justice (Printed Name)</i> | <i>Court Justice (Signature)</i> | <i>Date Signed</i> |
|-------------------------------------|----------------------------------|--------------------|

**This waiver is approved for the following defendant and conditions noted below**

|                         |                      |                       |                      |
|-------------------------|----------------------|-----------------------|----------------------|
| <i>Defendant's Name</i> | <i>Date of Birth</i> | <i>Date of Waiver</i> | <i>Amount Waived</i> |
|-------------------------|----------------------|-----------------------|----------------------|

**Signatures:**

By signing below, I certify that I have read and understand the purpose of this court waiver form. I also understand that any fees assessed for missed classes are not covered by this waiver and are therefore payable by me.

|                                 |                              |                    |
|---------------------------------|------------------------------|--------------------|
| <i>Defendant (Printed Name)</i> | <i>Defendant (Signature)</i> | <i>Date Signed</i> |
|---------------------------------|------------------------------|--------------------|