JPay Stay connected.

Money Order Deposit Form
FOR RESTITUTION & COURT-ORDERED PAYMENTS

HOW TO SEND A MONEY ORDER

1. Complete the Money Order Deposit Slip at the bottom by typing or printing in blue or black ink
2. Make the money order **payable** to JPay.
   You can include the Offender name & ID on the "memo" or "used for" line
   We recommend using US Postal Money Orders
3. Place the money order and the deposit slip in an envelope
4. Mail to: JPay, PO Box 260130, Hollywood, FL 33026

Things to know

Write clearly on the form to avoid delays processing the money order

Do not include any letters or notes with your payment because these will be discarded

Verify that the parolee/probationer name and DC# are entered correctly on the Money Order Deposit Form

Money orders will not be processed without a valid email and mailing address

In addition to money orders, cashier's checks and certified bank drafts are also accepted. All procedures, terms and conditions apply

There is no fee for sending money via money order, cashier's check, or certified bank draft

Visit JPay.com/LegalAgreementsOut.aspx for Terms & Conditions. A JPay account is not needed to send money orders, cashier's checks, or certified bank drafts. Call 800-574-5729 if you need more information or assistance completing this form. Incorporated by Reference in Rule 33-302.110, F.A.C FLCOPS Form

DID YOU KNOW?

Money orders can take days to mail and process?

There's a Better Way. Send money without a money order – and get the payment posted the next day!*

www.JPay.com
Sign up for free

800-574-5729
Toll-free, 24/7

JPay Mobile
Android and iPhone

Cash at MoneyGram
(Receive code 5385)

** Some facilities do not process on holidays and weekends. Delivery timing subject to depositor verification*

ALL FIELDS REQUIRED

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Mail to: JPay, PO Box 260130, Hollywood, FL 33026

Money Order Amount – maximum $999.99

$ ___ . ___

Offender's DC#

Offender's State

F L

Offender's Full Name (Last, First)

Institution

Your Email

Your First Name (Person Making Payment)

Your Phone Number (Person Making Payment)

___ - ___ - ____

Your Last Name (Person Making Payment)

Your Address

Your City

Your State

Your Zip

DC2-364 (Effective --/--)