

# KANE COUNTY COURT SERVICES APPLICATION FOR COMMUNITY SERVICE PROGRAM

**Note: This completed application must be on file before a worksite can be approved.**

**PERSONAL DATA**

Date \_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_  
STREET # and NAME OF STREET APT # CITY STATE ZIP

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Include Name, Relationship, and contact phone #

Case Number: \_\_\_\_\_ Charge: \_\_\_\_\_

CRIMINAL HISTORY: (check all that applies)  Violent Offenses  Drugs  Burglary/Theft  Sex Offenses

P.O. Hours  
 NAME: \_\_\_\_\_ Ordered \_\_\_\_\_ Next Court Date \_\_\_\_\_

What county do you live in (if other than Kane County)? \_\_\_\_\_

Do you want the supervision of your hours transferred to the county you reside in?  YES  NO

Would you prefer to find your own worksite?  YES, IF YES: \_\_\_\_\_  NO  
Site Name

Do you have any Work Restrictions/Physical Problems?  YES  NO

If yes, please list them: \_\_\_\_\_

**YOUR EMPLOYMENT/SCHOOL INFORMATION**

Name/Location of Employment/School: \_\_\_\_\_

**DAYS AND HOURS YOU ARE AVAILABLE TO COMPLETE COMMUNITY SERVICE:**

DAYS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours Available</b>							

Skills/  
 Hobbies \_\_\_\_\_

**SIGN (TYPE) NAME:** \_\_\_\_\_

**AURORA**

1330 Highland Ave  
 Aurora, IL 60506  
 Direct: 630-897-9388  
 Fax 630-897-9649  
 CRS Officer: kostersmary@16thcircuit.illinoiscourts.gov

**ELGIN**

113 S Grove Avenue  
 Elgin, IL 60120  
 Direct 630-444-2981  
 Fax 847-742-0626  
 CRS Officer: mcellindeborah@16thcircuit.illinoiscourts.gov

**ST CHARLES**

37W777 Route 38  
 St. Charles, IL 60175  
 Direct 630-232-3593  
 Fax 630-208-1643  
 CRS Officer: cnota-boydrebecca@16thcircuit.illinoiscourts.gov

**Applications can be submitted in person, by email or by fax.**