

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
Hours Available							

Skills/
 Hobbies _____

SIGN (TYPE) NAME: _____

ST CHARLES
 37W777 Route 38
 St. Charles, IL 60175
 Direct 630-232-3593/630-897-9388
 Fax 630-208-1643

CRS Officers:

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

