# KANE COUNTY COURT SERVICES APPLICATION FOR COMMUNITY SERVICE PROGRAM

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

**Case Number** _____ **Date** _____

**CRIMINAL HISTORY:** (circle all that apply) Violent Offenses Drugs Burglary / Theft Sex Offenses

**P.O. NAME:** _____ **Number of Hours Ordered** _____

**Charge** _____ **Your Next Court Date:** _____

**PERSONAL DATA**

Name _____ _____ _____
FIRST MIDDLE LAST

Date of Birth _____ Age _____ Circle: M F

Address _____
STREET # and NAME OF STREET **APT #** CITY STATE ZIP

Cell Phone: _____ Home Phone: _____

**e-mail address:** _____ Drivers License Number _____

**What county do you live in (if other than Kane County)?** _____ **US Citizen?** _____

**Do you want the supervision of your hours transferred to the county you reside in?** **yes** ☐ **no** ☐

**Or would you prefer to locate your own worksite?** **yes** ☐ _____ **no** ☐
site name

**Do you have any documented Work Restrictions / Physical Problems ?** **yes** ☐ **no** ☐

**If yes, please list them:** _____

**Are you currently enrolled in school, a college, or a university?** **yes** ☐ **no** ☐

**EMERGENCY CONTACT**

Name _____ Relationship _____

Home Phone _____ Work Phone _____

**YOUR EMPLOYMENT INFORMATION**

Business Name _____ Town / City where you work _____

What are the main duties of your job? _____

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

| DAYS | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| HOURS | | | | | | | |

Skills/Hobbies _____

**SIGNATURE:** _____ (app mailed to df: /12)

AURORA OFFICE: fax to 630-897-9649, attn: CRS Officer • 1330 Highland Avenue. Aurora IL 60506
ELGIN OFFICE: fax to 847-742-0626, attn: CRS Officer • 113 S Grove Avenue, Elgin IL 60120
ST CHARLES: fax to 630-208-1643, attn: CRS Officer • 37W777 Route 38, St Charles IL 60175