

Kendall County Public Service Information Form

Date: _____

Name: _____
(Last) (First) (Middle)

Other names used (including maiden): _____

Date of birth: _____ Gender: *Male or Female (circle one)*

Address: _____ City: _____ State: _____ Zip: _____

What county do you live in? (circle one): *Kendall Kane Dekalb Other:* _____

Telephone numbers: _____
(home) (cellular) (work)

Email Address: _____

Emergency Contact person: _____
(name) (telephone number)

Employer name and address: _____

Position: _____ Start Date: _____

Hours and days you work: _____

Current school attending: _____

Address: _____

If currently enrolled, list hours and days you attend: _____

Arrest History: *circle and list any offenses for which you have ever been arrested:*

Theft Battery Drug-related Sex-related offense

Others: _____

Most sites are open Monday through Friday, 9:00am-5:00pm.

Mark days and times you are free:

Days	Sunday	Monday	Tuesday	Weds	Thursday	Friday	Saturday
Hour							

Workers can only be scheduled within the available hours of the worksites.

Work restrictions or allergies (a doctor's note may be required): _____

List any skills and/or interests for PSW: _____

Below must be filled out by assigned Probation Officer

Case #: _____ Offense: _____ Probation Officer: _____

of hours: _____ Date hours due: _____

Physical/emotional/Drug/Alcohol history: _____

Prior criminal history: _____

Gang affiliation: _____ Interests for PSW: _____

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Additional comments:

CONDITIONS OF COMMUNITY SERVICE WORK

KENDALL COUNTY JUVENILE AND ADULT PROBATION AND COURT SERVICES

1. I understand I will be assigned to a worksite by the Kendall County Probation Department. If I work before being assigned or somewhere other than where assigned, credit will not be given for hours toward my Court case.
2. I understand I will be supervised and evaluated on my performance. I will be cooperative with all worksite staff, complete tasks as assigned to me, be on time and work within the scheduled hours set by the worksite supervisor. I will be allowed to take smoking breaks, if of legal age to smoke, only with site supervisor's approval.
3. I understand failure to show **at least once per week and/or as scheduled by the worksite supervisor** can result in termination from the worksite and an early return to Court for further prosecution. If I am no longer able to meet the scheduling requirements of the worksite I am to call the Public Service Work Officer to arrange for an alternate worksite. _____(Client's Initials)
4. I understand that the Kendall County Probation timesheet will be kept by the site supervisor, and the site supervisor will return it directly to Probation when the assignment has ended. If I remove the timesheet from the worksite, they will **not** be given credit for any hours noted on the timesheet.
5. I understand that it is my responsibility to sign in and out on the timesheet on the same day the hours are worked. Failure to do so will result in no credit for hours toward my Court case. Upon completion of _____ total hours, I will call Probation to verify they received the timesheet, no later than _____ .
6. I understand I will refrain from using disrespectful language and/or discussing activities outside of PSW with other workers; including, but not limited to, drug use, underage drinking, parties, and/or swearing. Such activity will be reported to Court Services and result in termination from the worksite. I understand that there is no alcohol, drugs, or weapons allowed at the worksite.
7. I understand I will dress appropriately for the nature of the work I will be assigned to do (worksite supervisor has final word on what is and is not appropriate dress). I further understand I will not wear clothing with offensive logos; including, but not limited to, those depicting any drug paraphernalia or gang representation. Worksites have the right to send home anyone not dressed appropriately. Repeated violations will result in termination from worksite.
8. I understand that Public Service Work is to be done on my own, unless I am a Minor and required by the worksite to be accompanied by a parent/guardian or other authorized adult. No other individuals are allowed to accompany me while completing Public Service Work. This includes but is not limited to children, my own or others I am responsible for. I am responsible for securing child care outside of the work site, if needed.
9. I understand that any problems or concerns at the worksite must be reported to the Public Service Work Officer (630-553- 4180) by myself and the site supervisor immediately upon becoming aware.
10. I understand that Kendall County, the worksite, employees of Kendall County and any individual and/or parties involved in carrying out this sentence cannot be held liable for any injuries I obtain while performing Community Service work(per ILCS 5/5-5-7).

I have been advised of the above-noted conditions and fully understand that failure to comply with any of these conditions can result in my case returning to Court for re-sentencing and/or further prosecution.

Client's signature _____ Date _____

Parent/Guardian's signature (if under 18 years old) _____ Date _____

Probation Officer's signature _____ Date _____

Questions or concerns please contact Public Service Work Officer at (630) 553-4180