

807 W. John Street Yorkville, IL 60560 Circuit Court for the 23rd Judicial Circuit

P 630 553 4180 F 630-553-4120

I have received a copy of my court order and had it explained to me.

Probationer	Date
Parent/Guardian	Date
Parent/Guardian	Date
Probation Officer	Date

IN THE CIRCUIT COURT OF THE TWENTY-THIRD JUDICIAL CIRCUIT KENDALL COUNTY, ILLINOIS

	Defendant	Case Number/Sentencing County
	OBEY THE FOLLOWING CON	DITIONS OF PROBATION/SUPERVISION ANTED THE PRIVILEGE OF PROBATION/SUPERVISION. IF YOU FAIL TO DITIONS, YOUR PROBATION/SUPERVISION MAY BE MODIFIED OR REVOKED ESENTENCED ON THE OFFENSE FOR WHICH YOU RECEIVED
1	Obey all State, Federal laws ar	nd local ordinances.
2.		Service Officer if arrested for any reason.
3.		Service Officer as frequently as directed, and permit your Court Service Officer to visit
	you in your home or elsewhere	, and be cooperative and truthful with your Court Service Officer in all matters.
4.	Inform your Court Service Offi	iter in writing, within seven (7) days, of any change of employment or place of residence.
5.	Do not leave the State of Illinoi	is without advance notice and written permission from your Coun Service Officer.
	Work at a lawful occupation, ac	nd/or further your education, and support your dependents.
	Reliain from possessing a firear	m or other dangerous weapon.
		es is hereby authorized to divulge information from its records to comply with this Court
	Order. The Defendant hereby a	grees to waive any privilege for evaluations or treatment pursuant to this order.
	Refrain from having in your bod	y the presence of any substances, compounds, or metabolites prohibited by the Cannabis
	Control Act, the Controlled Subs	stance Act, or the Methamphetamine Control & Community Protection Act unless
	prescribed by a physician. Unde	rgo random urinalysis testing in a manner set forth by Court Services. Refusal to be
	tested and/or positive results will	be considered a violation of this order. Defendant agrees to admissibility of written
	laboratory report without evident	iary foundation as to test results in any court proceeding.
	Promptly undertake evaluations a	s determined appropriate by Court Services and thereafter successfully complete such
1	treatment, therapy, counseling and	d/or remedial education as ordered by Court Services. Refusal to participate, or
1	withdrawal or discharge from any	of the above programs, will be considered a violation of this order.
١	Waives personal service of petitio	n to revoke probation/supervision.
1	All terms and conditions of probat	ion/supervision sentencing order to be completed by status review date unless
0	otherwise noted in the order, inclu-	ding all fines, court costs, fees and restitution.
A	bide by sanctions imposed by Co	out Services through the Intermediate Sanctions Program,

Probation Officer

Defendant



807 W. John Street Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

P 630-553-4180 F 630-553-4120

Kendall County Urinalysis Conditions

drops as a conditions of my Probation/Supervision.	I have been court ordered to submit to random urine lagree to the following terms:
I must bring a photo ID every time I repo	ort for a urinalysis.
my officer. Opon notification I understand that I mus	dom drug test by phone call to the number I provide to st report to the next available drug testing time to comply Probation Department to submit a urine sample. (Please
Males: 8:30 am, 1:30 pm, and 4:00 pm	Females: 8:30 am, 1:30 pm, and 4:00 pm
to submit a sample of my urine.	d to submit a urine drop. I will be given only one chance
I must not flush my system prior to comir diluted sample which can be considered the same as	ng in with an over abundance of fluids as it will result in a a positive test.
I understand that all urine drops are obse sample I provide is my urine and has not been tamper	erved by a member of the same sex to ensure that the red with.
I understand that it is a Class 4 Felony to a the police and may be prosecuted.	alter my drug test in any way and it will be reported to
I understand that failure or refusal to subrand the considered the same as a "positive" test.	mit to such testing or tampering with a urine sample
I understand that any positive result can le penalty as may be appropriate.	ead to revocation and incarceration or such lesser
I understand that I must come to every off	ice visit prepared to provide a urine test.
robationer's Signature	Date
arent Signature	Date
	Date
obation Officer Signature	Date



807 W. John Street Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

P 630-553-4180 F 630-553-4120

Firearms Notice

	Name: Case Number(s):		
CHECK ONE OR BO	OTH IF APPLICABLE)	en e	
	I have been advised and do understand that I have been convicted of a felo conviction, I am prohibited by law from owning or possessing a firearm or fi but not limited to, a rifle, a handgun, or a shotgun pursuant to Chapter 720 Illinois Revised Statutes		
	I have been advised and do understand that I have been convicted of a dom that conviction, I am prohibited by law from owning or possessing a firearm including but not limited to, a rifle, a handgun, or a shotgun pursuant to Cha Illinois Revised Statutes	estic battery and based on or firearm ammunition, pter 430 Section 65/8 of the	
	I also understand and acknowledge that this prohibition extends to every sort of gun, rifle, shotgun, handgun, firearm, or destructive device and includes firearms that are in an inoperable or non-firing condition and all types of ammunition.		
i i	l understand this prohibition will continue past my term of probation and onli relief pursuant to Section 10 of the Firearm Owner's Identification Card Act of the Governor of the State of Illinois may I lawfully possess a firearm, after app	of probation and only after I have been granted tification Card Act or have been pardoned by a firearm, after applying for and receiving a	
1	understand it that a violation of 720 ILCS 5/24-1.1 or 430 ILCS 65/8 is a class se sentenced to a term of imprisonment for no less than 4		
b	3 felony for which I could		
	re sentenced to a term of imprisonment for no less than two years and no mother have read or had this notice read to me, understand the provisions and agree		
D.,			
Pf	Obationer	Date	
Pro	obation Officer	Date	



807 W. John Street Yorkville, IL 60560 Circuit Court for the 23rd Judicial Circuit

P 630-553-4180 F 630-553-4120

Affordable Care Act Implementation

Name:		Case Number(s):
Are you cur	ently insured (medically) Yes	No
If No, do you	current reside in Illinois? Yes	No
If you are not new Illinois H the number o	currently insured and you reside in Illi ealth Plan in order to cover your medic f people eligible for services.	nois, you may be eligible for expanded Medicaid or a cal needs. The Affordable Care Act greatly increased
Online: By Phone: In Person:	www.GetCoveredillinois.gov (866) 311-1119 Kendall County Health Department 811 W. John Street Yorkville, IL 60560 (630) 553-8345	
Client's Signatur	е	Date
Probation Office	r's Signature	Date



807 W. John Street Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

P 630-553-4180

All	CONSENT TO R	ELEASE INFORMATIO	F 630 553 4120
To release information to To receive information to be desired and that the information to be desired and treatment of: Note and treatment of: Note and treatment of: During the following time period: The disclosure of the above information and the authorized disclosure shall be lined as a social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to introduce the authorization will also stand that I may revoke this authorization that I may revoke this authorization on it) by submitting a verbal or dail County Court Services 807 West are of client's parent or Guardian:	Focility/Agency/Person		No. 1 to the service of the service
To release information to To receive information to be desired and that the information to be desired and treatment of: Note and treatment of: Note and treatment of: During the following time period: The disclosure of the above information and the authorized disclosure shall be lined as a social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to introduce the authorization will also stand that I may revoke this authorization that I may revoke this authorization on it) by submitting a verbal or dail County Court Services 807 West are of client's parent or Guardian:			to design the second se
To release information to To receive information from the restand that the information to be defended by the following time period: The disclosure of the above information to be defended by the following time period: The disclosure of the above information to the authorized disclosure shall be lined by the following time period: The disclosure of the above information to the authorized disclosure shall be lined by the following time period: The disclosure of the above information to the authorized disclosure shall be lined by the following time period: The disclosure of the above information will be authorized that the restriction will and the following the following time to the restriction will be and that if I refuse to authorized the following time to the following time time time time time time time time	City	Stote	200
To receive information from the content of the content of the authorized disclosure shall be ling and the state of the authorized disclosure shall be ling and the state of the authorized disclosure shall be ling and the state of the authorized disclosure (and the state of the st			210
Por care and treatment of: No. All Add Cit During the following time period: The disclosure of the above informathe disclosure of the above informathe authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that i have the right to in inderstand that if I refuse to authorize itess renewed, this authorization will inderstand that I may revoke this authorization that I may revoke this authorization will inderstand that I may revoke this authorization wil		OURT SERVICES	
Por care and treatment of: No. All Add Cit During the following time period: The disclosure of the above informathe disclosure of the above informathe authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that i have the right to in inderstand that if I refuse to authorize itess renewed, this authorization will inderstand that I may revoke this authorization that I may revoke this authorization will inderstand that I may revoke this authorization wil	Receiving Facility/Agen	cy/Person	the particular control of the contro
All Add Add Cit During the following time period: The disclosure of the above informa The authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authoriz Tiess renewed, this authorization will Idderstand that I may revoke this aution ance on it) by submitting a verbal or dail County Courl Services 807 West This signature (If 18 or older no parent signame of client's parent or Guardian: Instance of client's parent or Guardian: Instance of client's parent or Guardian:	And the contract of the contra		
All Add Add Cit During the following time period: The disclosure of the above informa The authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authoriz Tiess renewed, this authorization will Idderstand that I may revoke this aution ance on it) by submitting a verbal or dail County Courl Services 807 West This signature (If 18 or older no parent signame of client's parent or Guardian: Instance of client's parent or Guardian: Instance of client's parent or Guardian:	Address	The second secon	The second secon
All Add Add Cit During the following time period: The disclosure of the above informa The authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authoriz Tiess renewed, this authorization will Idderstand that I may revoke this aution ance on it) by submitting a verbal or dail County Courl Services 807 West This signature (If 18 or older no parent signame of client's parent or Guardian: Instance of client's parent or Guardian: Instance of client's parent or Guardian:	Yorkydie City	11	60560
All Add Add Cit During the following time period: The disclosure of the above informa The authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authoriz Tiess renewed, this authorization will Idderstand that I may revoke this aution ance on it) by submitting a verbal or dail County Courl Services 807 West This signature (If 18 or older no parent signame of client's parent or Guardian: Instance of client's parent or Guardian: Instance of client's parent or Guardian:	isclased may be done in the	State	Zip
Add Add Cit During the following time period: The disclosure of the above informa The disclosure of the above informa The authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that i have the right to in Inderstand that if I refuse to authoriz Jess renewed, this authorization will riderstand that I may revoke this aution ance on it) by submitting a verbal or dall County Court Services 807 West At's Signature (If 18 or older no parent signame of client's parent or Guardian: Another	iociosed may be come in writing	and/or by conversation.	
Add Cit During the following time period: The disclosure of the above informa The disclosure of the above informa The authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that i have the right to in Inderstand that if I refuse to authoriz Inderstand that if I refuse to authoriz Inderstand that I may revoke this authorization will Inderstand that I may revoke this authorization on it) by submitting a verbal or Idall County Court Services 807 West It's Signature (If 18 or older no parent signame of client's parent or Guardian: Indure	ame of Client		
During the following time period: The disclosure of the above information and the authorized disclosure shall be lined to social History. Medical evaluation/records. Psychological evaluations. Achievement testing. Other(Specify): Inderstand that I have the right to in inderstand that if I refuse to authorization will address the authorization will address the authorization will address the authority of the second that I may revoke this authorization will address the authority of the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this	of Chen		008
During the following time period: The disclosure of the above information and the authorized disclosure shall be lined to social History. Medical evaluation/records. Psychological evaluations. Achievement testing. Other(Specify): Inderstand that I have the right to in inderstand that if I refuse to authorization will address the authorization will address the authorization will address the authority of the second that I may revoke this authorization will address the authority of the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will address the second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this authorization will be second that I may revoke this	25		
During the following time period: The disclosure of the above informa The disclosure of the above informa The authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that I have the right to in Inderstand that if I refuse to authoriz The sess renewed, this authorization will I derstand that I may revoke this authorization that I may revoke this authorization on it) by submitting a verbal or I dail County Court Services 807 West The signature (If 18 or older no parent signame of client's parent or Guardian: Institute			
During the following time period: The disclosure of the above informa The disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authoriz The sess renewed, this authorization will The sess renewed, this authorization will The sess renewed, this authorization will The sess renewed that I may revoke this authorization that I may revoke this authorization on it) by submitting a verbal or The signature (If 18 or older no parent signature (If 18 or older no parent signature of client's parent or Guardian:	dress		
During the following time period: The disclosure of the above informa The disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authoriz The sess renewed, this authorization will The sess renewed, this authorization will The sess renewed, this authorization will The sess renewed that I may revoke this authorization that I may revoke this authorization on it) by submitting a verbal or The signature (If 18 or older no parent signature (If 18 or older no parent signature of client's parent or Guardian:			and the second s
The disclosure of the above information in the disclosure of the above information in the authorized disclosure shall be ling a social History in Medical evaluation/records and Psychological evaluations. Achievement testing Other(Specify): Inderstand that I have the right to introduce the authorization will inderstand that I have the right to introduce this authorization will inderstand that I may revoke this authorization in the inderstand that I may revoke this authorization will ance on it) by submitting a verbal or idall County Court Services 807 West with signature (if 18 or older no parent signame of client's parent or Guardian: incourse.	y	Stole	Zip
the authorized disclosure shall be lin Social History Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to innederstand that if I refuse to authorizes renewed, this authorization will iderstand that I may revoke this authorization on it) by submitting a verbal or idall County Court Services 807 West of the surface of client's parent or Guardian:			Z-D
Medical evaluation/records Psychological evaluations Achievement testing Other(Specify): Inderstand that if have the right to in Inderstand that if I refuse to authorize I less renewed, this authorization will I less renewed, this authorization will I less renewed to include the right to in I less renewed this authorization will I less renewed to include the right to in I less renewed this authorization will I less renewed this authorization w			
Psychological evaluations Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authorize I refuse to authorize it is series and that if I refuse to authorize it is series and that I may revoke this authorize it is authorized in it is a verbal or it is successful to it is submitting a verbal or it is successful to it is submitting a verbal or it is signature (If 18 or older no parent signature (If 18 or older no parent signature of client's parent or Guardian:	Anecdotal records		400
Achievement testing Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authorize Iess renewed, this authorization will Iderstand that I may revoke this aution Iderstand that I may revoke this aution Iderstand that I may revoke this aution Inderstand that I may revoke this aution Iderstand that I may revoke this aution Identified this parent on Identified Inderstand Industry Court Services 807 West Industry Court Services 80	Disciplinary information	on	Attendance/Grades
Other(Specify): Inderstand that I have the right to in Inderstand that if I refuse to authorize Illess renewed, this authorization will Iderstand that I may revoke this aution Iderstand that I may revoke this aution Iderstand that I may revoke this aution Inderstand that I may revoke this aution Idensify the submitting a verbal or Idensify the submitti	Special Education repo	orts (including Staffing)	Diagnosis/Recommendations
inderstand that I have the right to in inderstand that if I refuse to authorization will less renewed, this authorization will iderstand that I may revoke this authorization that I may revoke this authorization it) by submitting a verbal or idall County Court Services 807 Wesling's Signature (If 18 or older no parent signame of client's parent or Guardian:	Verified information for	rom non-education agencies	Discharge Reports
less renewed, this authorization will iderstand that I may revoke this authorization will ance on it) by submitting a verbal or idall County Court Services 807 West of Signature (f) 18 or older no parent signame of client's parent or Guardian:		\$1000 p	Urinalysis Reports
ance on it) by submitting a verbal or dall County Court Services 807 West of the Services 807 West of Signature (If 18 or older no parent signame of client's parent or Guardian:	the the are no	consequences of failure to auth	agencies providing information. orize, specify that there are none)
dall County Court Services 807 Wesl it's Signature (if 18 or older no parent sig- arme of client's parent or Guardian:	borization and the upon the	he following date:	And the second s
it's Signature (If 18 or older no parent sig arne of client's parent or Guardian: moture	a written revocation to: Liohn Street, Plano, IL 60560	xpiration date (except to the ext	ent that actions have been taken in
arne of client's parent or Guardian:	The second secon	A CONTRACTOR OF THE CONTRACTOR	and the second s
arne of client's parent or Guardian:			
proture	noture needed)	Date	And the second s

	Please Print	The second secon	the state of the s
and selectore on this told.		Date	The country of the co
	Name of Witness - Please Print	The state of the s	The state of the s
nature of Witness*	and the second s		

*A witness who cannot attest to the identity of the person signing should secure written identifying information

NOTICE TO RECEIVING AGENCY, FACILITY OR PERSON: The client's record is privileged information, which is protected by various State and Federal laws. Such information may not be disclosed to other persons or entities, including those within the organization wherein the client is employed, without a separate written authorization from the client. Photocopying and/or processing fees will not be reimbursed.

Kendall County Public Service Information Form

Will the state of				
Name:				
(Last)	(First)			(Middle)
Other names used (including madien):				50° 0000369955.
Date of birth:		Male or	Female	
Address:				(circle one)
What county do you live in? (circle one	1. Kendall		State:	Zip:
Telephone numbers:	Kendun	Kane	Dekalb	Other:
(iioine)	And the second s	(cellular)		The second secon
Email Address:				(work)
Emergency Contact person:	and the second s			
	ne)		(telephone nu	Imber)
Employer name and address:				
Position:		art Date:		
Hours and days you work.		*********		
Current school attending:	The second secon		The second secon	
Address:				
If currently enrolled, list hours and days yo				The second secon
Arrest History: circle and list any offenses f	for which you	i have ever h	een arracta	
Arrest History: circle and list any offenses f Theft Battery Others:	for which you Drug-rela	i have ever b ted Se	een arreste ex-related off	
Battery	for which you Drug-rela	i have ever b ted Se		
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Sunday Monday Tuesda	Drug-rela y, 9:00am-5:	thave ever be ted Se	Friday	Saturday
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Sunday Monday Tuesda Workers can only be scheduled	Drug-rela y, 9:00am-5: Weds	thave ever be ted Se 00pm.	Friday	Saturday
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Sunday Monday Tuesda Workers can only be scheduled Nork restrictions or allergies (a doctor's not	or which you Drug-rela y, 9:00am-5: Weds within the a	on thursday Thursday vailable hou quired):	Friday rs of the wo	Saturday orksites.
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Sunday Monday Tuesda Workers can only be scheduled Nork restrictions or allergies (a doctor's not	or which you Drug-rela y, 9:00am-5: Weds within the a	on thursday Thursday vailable hou quired):	Friday rs of the wo	Saturday orksites.
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Hour Workers can only be scheduled Work restrictions or allergies (a doctor's not ist any skills and/or intrests for PSW: Below must be filled or	or which you Drug-rela y, 9:00am-5: Weds within the a te may be re	thove ever be ted Se Oopm. Thursday vailable hou quired):	Friday rs of the wo	Saturday orksites.
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Hour Workers can only be scheduled Nork restrictions or allergies (a doctor's not ist any skills and/or intrests for PSW: Below must be filled on the sase #: Offense:	Drug-rela y, 9:00am-5: Weds within the ate may be re with by assign	on thursday thursday vailable hou quired): ed Probation	Friday Friday Ts of the wo	Saturday Sat
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Hour Workers can only be scheduled Nork restrictions or allergies (a doctor's not ist any skills and/or intrests for PSW: Below must be filled on the sase #: Offense:	Drug-rela y, 9:00am-5: Weds within the ate may be re with by assign	on thursday thursday vailable hou quired): ed Probation	Friday Friday Ts of the wo	Saturday Sat
Most sites are open Monday through Frida Mark days and times you are free: Days	or which you Drug-rela y, 9:00am-5: Weds within the ate may be re with assign out by assign	on have ever be ted Se	Friday Friday The work of th	Saturday rksites.
Others: Most sites are open Monday through Frida Mark days and times you are free: Days Hour Workers can only be scheduled Work restrictions or allergies (a doctor's not ist any skills and/or intrests for PSW: Below must be filled or interests	Tor which you Drug-rela y, 9:00am-5: Weds within the a te may be re **********************************	on hove ever betted Soloted So	Friday Friday The work of th	Saturday rksites.

CONDITIONS OF COMMUNITY SERVICE WORK

KENDALL COUNTY JUVENILE AND ADULT PROBATION AND COURT SERVICES

 I understand I will be assigned to a worksite by the Ke than where assigned, credit will not be given for hours to 	indall County Probation Department. If I work before being assigned or somewhere other ward my Court case.
I understand I will be supervised and evaluated on my be on time and work within the scheduled hours set by the only with site supervisor's approval.	performance. I will be cooperative with all worksite staff, complete tasks as assigned to me e worksite supervisor. I will be allowed to take smoking breaks, if of legal age to smoke.
3 I understand failure to show at least once per week and and an early return to Court for further prosecution. If I an Service Work Officer to arrange for an alternate worksite.	dor as scheduled by the worksite supervisor can result in termination from the worksite in no longer able to meet the scheduling requirements of the worksite I am to call the Public (Client's Initials)
4. I understand that the Kendall County Probation times ha	cet will be kept by the site supervisor, and the site supervisor will return it directly to timesheet from the worksite, they will <u>not</u> be given credit for any hours noted on the
5. I understand that it is my responsibility to sign in and our credit for hours toward my Court case. Upon completion of timesheet, no later than	t on the timesheet on the same day the hours are worked. Failure to do so will result in no total hours. I will call Probation to verify they received the
6. I understand I will refrain from using disrespectful langua limited to, drug use, underage drinking, parties, and/or sweat worksite. I understand that there is no alcohol, drugs, or we	age and/or discussing activities outside of PSW with other workers; including, but not uring. Such activity will be reported to Court Services and result in termination from the tapons allowed at the worksite.
7. I understand I will dress appropriately for the nature of the appropriate dress). I further understand I will not wear cloth-	e work I will be assigned to do (worksite supervisor has final word on what is and is not ing with offensive logos; including, but not limited to, those depicting any drag this to send home anyone not dressed appropriately. Repeated violations will result in
8. I understand that Public Service Work is to be done on my parent/guardian or other authorized adult. No other individua but is not limited to children, my own or others I am responsi	y own, unless I am a Minor and required by the worksite to be accompanied by a als are allowed to accompany me while completing Public Service Work. This includes tible for, I am responsible for securing child care outside of the work site, if needed.
 I understand that any problems or concerns at the worksite site supervisor immediately upon becoming aware. 	must be reported to the Public Service Work Officer (630-553-4180) by myself and the
10. I understand that Kendall County, the worksite, employee sentence cannot be held liable for any injuries I obtain white p	s of Kendall County and any individual and/or parties involved in carrying out this performing Community Service work(per ILCS 5/5-5-7)
I have been advised of the above-noted conditions and fully case returning to Court for re-sentencing and/or further pr	y understand that failure to comply with any of these conditions can result in my rosecution.
Client's signature	Date
Parent/Guardian's signature (if under 18 years old)	Date
Probation Officer's signature	Date



807 W. John Street Yorkville, IL 60560 Circuit Court for the 23rd Judicial Circuit

P 630-553-4180 F 630-553-4120

Voting With A Criminal Record Notification

I have received a copy of "Know your Rights: Voting with a Criminal Record" and have had it explained to me.

Probationer	Date	
Probation Officer	Date	

KNOW YOUR RIGHTS: VOTING WITH A CRIMINAL RECORD

Regardless of your criminal record, anyone who is not serving time for a conviction is eligible to vote in Illinois.

TO BE ELIGIBLE TO VOTE, YOU MUST	BE:
----------------------------------	-----

- □ A United States Citizen
- ☐ 18 years old on the date of the next General Election or Consolidated Election
- ☐ Have lived in Illinois for at least 30 days by the date of the next election

If you meet ALL the above criteria and you have a criminal record, <u>you can vote</u> unless you are currently serving a sentence in any federal or state prison, county jail, or are on work release.

YOU CAN VOTE IF:

- ☐ You have been released from jail on parole, mandatory supervised release, or electronic monitoring
- You have been charged and not convicted.
 You can vote if you are in jail pre-trial. You can
 also vote if you have been released on bail or
 bond, are not convicted for the crime you are
 detained for, are under electronic monitoring, or
 have recently been arrested but never
 convicted
- You are on probation
- You have been incarcerated before, but are not currently
- ☐ You are homeless or don't have a permanent living situation

YOU CANNOT VOTE IF:

- You are NOT a U.S. Citizen (including "green card" holders and other people with lawful status)
- ☐ You are under 18 on the date of the next General Election or Consolidated Election
- You have been convicted of any crime and are currently in prison or jail for that crime
- ☐ You are on furlough (temporary leave from prison or jail)
- ☐ You are a resident of an Adult Transition Center ("ATC")
- ☐ You voted in a different state in the same election

YOU MUST RE-REGISTER TO VOTE even if you were registered to vote before conviction.

There are three ways you can register to vote: online, by mail, or in-person.

VOTING CHECKLIST

- 1. Check Eligibility. Review the boxes above.
- Determine best registration method. There are three ways to register to vote online, by-mail, or inperson. Which registration method is best for you depends on what I.D. you have, how close Election Day is, and how flexible your schedule is.

- 3. Make sure you have the right I.D. If you have an Illinois Driver's License or State I.D. and know your social security number you can register online, by-mail, or in-person. If you do not have these I.D.s then registering in-person is the best option, because there are many more forms of acceptable I.D. You need two forms of I.D. to register in-person and one <u>must</u> show your current address. (Remember, you can vote even if you're homeless!)
- **4. Determine best voting method.** There are three options for voting. Pick the voting option that works best for you.
 - □ Vote-by-Mail. Use this method if you have restricted movement and it would be difficult to get to a polling place, or if you have limited time.
 - Early Voting in Person. Use this method to avoid lines, if you don't have a flexible schedule (evening and weekend voting hours are available), or if you are a first time voter. Staff should have more time to address any issues that come up and help answer questions. You can also register and vote at the same time when you Early Vote.
 - □ Election Day Voting in Person. Use this method to vote alongside others in your home precinct. In larger counties with a population over 100,000, you can register at your home precinct polling location on Election Day.
- 5. Find your polling location. If you are early voting you can vote at a variety of locations. If you are voting on Election Day you must go to your specific home precinct polling location based on your address.
- 6. Vote!

TOP 6 THINGS TO KNOW

- An IDOC I.D. can be used to register to vote in person There are many forms of acceptable ID to use when registering. Your IDOC I.D. can be used when registering in-person, but you must also have another form of I.D. that shows your current address.
- 2. You must re-register to vote when you are released from jail even if you were registered to vote before conviction.
- 3. Your address can be a shelter, a friend's house, a food pantry, etc. so long as you can receive mail there. If you are registering in-person, you will need a letter from someone verifying that you receive your mail at that address. This letter can be used as one of your two forms of I.D. when you register in person.
- 4. If you have restrictions on your movement you can still vote. For example, if you are on parole, mandatory supervised release, electronic monitoring, are on a registered sex offender registry, etc. you can either vote early at one of the polling locations where you are not restricted OR apply to vote by mail.

	•	
5.	If you have been charged with a crime, but not yet convicted, you can vote. You can vote if:	
	☐ You have been released on bail or bond	
	You are in jail but not convicted of the crime for which you are being held	
	☐ You are under electronic monitoring	
	You have been recently arrested but not convicted	
6	If you are already a registered voter you do not need to bring on LD with you to with	

6. If you are already a registered voter, you do not need to bring an I.D. with you to vote, but it might be helpful because it is the easiest way to clear up questions, if there are any, about your eligibility to vote.

Have more questions? Want more information?

- Illinois State Board of Elections at <u>www.elections.il.gov</u> or 217-782-4141
- Election Protection at 866ourvote.org or 1-866-OUR-VOTE