



# PADS of Elgin Court Compelled Community Service Intake Form

Yes I am 18 years or older \_\_\_\_\_  
 Yes I am 16 or 17 years old (Date of Birth: \_\_\_\_\_)

\_\_\_\_\_ Date

(As a minor, please note that your parent/guardian must sign your intake form. The CCI participant must be responsible for communicating scheduling needs, verification of hours, and any unforeseen absences to PADS staff **before** the absence.)

\_\_\_\_\_ Name (Last, first, middle initial)

\_\_\_\_\_ Drivers License or State ID #

\_\_\_\_\_ Street address, City, ST, ZIP Code

\_\_\_\_\_ Primary phone number | Other phone number

\_\_\_\_\_ Email address

Total Hours Due: \_\_\_\_\_ Due Date: \_ \_\_\_ / \_\_\_ / \_\_\_

Next Court Date: / \_\_\_ / \_\_\_ Case Number: \_\_\_\_\_

### Record of Offense

First Offense:      Yes      No       If not first offense, please list other prior offenses

Please describe nature of offense.

Please list prior offensives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Court Mandated Community Service Information (Required)

**If you are unable to provide these items or pass the basic background check you will not be able to perform any scheduled hours.**

- A COPY OF A COURT DOCUMENT OR TICKET** stating your offense.
- You MUST have a current photo ID with you on your first shift.**

A copy of my photo id has been included with this intake form:      Yes      No

A **basic background check will be run** before my application is accepted

## How to obtain a Service Hours Letter

A letter verifying your hours can be provided upon request. You must contact PADS office manager Penny at [penny@padofelgin.org](mailto:penny@padofelgin.org) or 847.608.9744 to receive a letter. Letters are **ONLY** sent out when requested by the participant. You must provide at least five business days to receive a letter.

Please provide the information below if you need a letter sent directly to someone other than yourself.

**Name of Recipient of Court Letter:** \_\_\_\_\_

**Mailing Address or Fax Number for Court Letter:** \_\_\_\_\_

**Any requests to address in letter:** \_\_\_\_\_

Have you ever completed Court-Compelled Service at PADS of Elgin before: Yes No \_\_\_\_\_

How did you hear about PADS Of Elgin : \_\_\_\_\_

**I acknowledge having read and understood the above consent form on this date:**  
\_\_\_\_\_, 20\_\_.

**Court-Compelled Individual  
Signature** \_\_\_\_\_

**Parent or Guardian signature if under 18** \_\_\_\_\_  
**Name:** \_\_\_\_\_

**In Case of Emergency, Contact:**

**Name:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

\_\_\_\_\_  
**For Administrative Use Only:**

\_\_\_\_\_  
Contacted by:

\_\_\_\_\_  
How contacted:

\_\_\_\_\_  
1<sup>st</sup> scheduled day of service:

\_\_\_\_\_

Please send this completed form to 1730 Berkley Street, Elgin, IL 60123 OR email directly to [penny@padsofelgin.org](mailto:penny@padsofelgin.org) with Court Compelled Community Service Application in the subject heading. Be aware that just because an application is sent does not mean it will be automatically accepted. Please allow at least two business days to hear a response regarding your application.