

DeKalb County Court Services
Community Restitution Services Intake Form

NAME: _____

Male: _____ Female: _____

Race:
____ American Indian/Eskimo ____ Asian/Pacific Islander ____ Hispanic Origin ____ Black ____ White ____ Other

Date of Birth: _____ Age: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Permanent Address (If different from above) _____

Phone Number: Home/Cell _____ E-Mail _____

Do you have a valid Driver's License? _____ Yes _____ No

Have you done community service as part of a court order before? _____ Yes _____ No

If yes, where did you do your hours? _____

Please list any previous involvement with the court – include arrests and convictions: _____

Do you have any health conditions/restrictions that affect your ability to perform Community Service?

_____ Yes _____ No If you answered yes, please describe: _____

Are you employed? _____ Yes _____ No

Are you a student? _____ Yes _____ No - If yes, what school do you attend? _____

Please list your work and/or school schedule below.