Waiver Needed	Confirm Schedule	Proof of T	Treatment Needed
Proof of Education Needed	Proof of Employmen	t Needed Other	
KING COUNTY COMMUNITY WORK PROGRAM INFORMATION			
NAME:			
CASE #			
COURT:	_	Re-Licensing Fines Community Service P	
ORIENTATION DATE:		By Phone	
# OF DAYS REFERRED:			
CREW SCHEDULE:			
DATE OF BIRTH (mm/dd/yy):	://	GENDER:	Male
DATE OF BIRTH (mm/dd/yy): CURRENT ADDRESS:			Male
CURRENT ADDRESS:	STREET		
CURRENT ADDRESS:	STREET	CITY ST ZIP	
CURRENT ADDRESS:	()(CITY ST ZIP	
CURRENT ADDRESS: EMAIL ADDRESS: TELEPHONE NUMBER:	()(CITY ST ZIP	
EMAIL ADDRESS: EMAIL ADDRESS: TELEPHONE NUMBER: ETHNIC GROUP/RACE: B African American/Black I American Indian/Alaska whom maintain cultural ident A Asian/Pacific Islander: I Indian subcontinent, or the Pa Samoa. H Hispanic/Latino: Person culture or origin unique to the	()	any of the black racial groups of A igins in the original peoples of No ation or community recognition. e original peoples of the Far East, nelude China, Japan, Korea, the Pl Cuban, Central or South America	CellHomeOther Africa. orth America Southeast Asia, the hilippine Islands, and an, or other Spanish