

Court Community Service Program Registration Form

CONTACT INFORMATION

First Name: _____ Last Name: _____

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

Email: _____ Home Phone#: _____ Cell Phone #: _____

I prefer you reach me through email text phone

Preferred Language English Spanish Other:

Birth Date: ____/____/____ If under 18 Name of Parent or Guardian: _____
Month / Day / Year

Signature of Parent or Guardian: _____

COURT INFORMATION

Please check the **one answer** that best describes why you are doing community service:

- Could not afford to pay my tickets, asked for Community Service
- Judge sentenced me to complete Community Service for a misdemeanor or felony
- Required by my Probation Officer
- I don't know

Hours You Need to Complete: _____ By When: _____ I don't know

We will verify these hours and completion dates with the Court and let you know what the court requires if you don't have your Court Paperwork with you at the time of enrollment.

Court Case # _____ I don't know

ABOUT FEES

There is a one time Fee that is due at the time of registration. **Many people qualify to have the fee reduced or eliminated. Fee Reductions** are available to County Residents performing community service in Santa Cruz County to fulfill their obligations to Santa Cruz County Courts and/or Probation, based on which Court referred you or your Household Income. **Please complete an Application for Reduced Fee** if you would like to be considered for a reduction or elimination of your fee. We accept payment by cash, check or credit card and you may pay online as well.

ABOUT SERVICE PREFERENCES

Do you want to receive the monthly list of weekend volunteer drop in projects?

- Yes email it to me Yes mail it to me No thanks

What time do you have available for Community Service Hours? Check all that apply

	M	T	W	Th	F	Sat	Sun
Morning							
Afternoon							
Evening							

What skills would you like to use in your community service?

ABOUT YOU

We use this information to make sure we are reaching all people in our community. This information is private and will not be shared.

Gender Identity Male Female Nonbinary Transgendered Decline to State

Ethnicity Latino Caucasion African American Indigenous Person
 Asian American Multi Ethnic Decline to State

Are you a Veteran? Yes No

Do you have a disability that we should provide a reasonable accommodation for?

Yes No Please describe the accommodation you would like

ADDITIONAL INFORMATION FOR CRIMINAL CASES ONLY – to be completed with CSSP Staff

This information is confidential and will be used to help us make sure that your Community Service is in full compliance with your Court Terms, that we work together to make sure you complete your service on time and that reports get to the right people to show proof of your progress.

For what offense were you given Community Service? I don't know

Are you participating in one of these Specialty Courts:

Behavioral Health Court Veterans Court Homeless Persons Court I don't know

Did the Court or Judge give you any specific directions about the type of Community Service you are to perform? (for example, Graffiti Clean Up or in a particular neighborhood)

Do you have any restrictions or stay away orders that might limit where you perform Community Service? (for example, not around youth)

Would you like us to provide verification of progress or completion to your Probation Officer?

Yes Probation Officer Name: _____

I don't have a Probation Officer