



# CSW OUTSIDE OF DG CO

Today's Date: \_\_\_\_\_

Community Service Work Office

Jason Pike, CSWC

Judicial & Law Enforcement Center

111 East 11th St., Lawrence, KS 66044

785.832.5354

csw@douglascountyks.org

## CLIENT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

DOB: \_\_\_\_\_

Case #: \_\_\_\_\_

Court:  District OR  Municipal

Status:  Diversion OR  Convicted

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## CSW OUTSIDE OF DOUGLAS COUNTY AGREEMENT

1. I, \_\_\_\_\_, have chosen to complete my CSW outside of Douglas County, KS. By choosing this option I agree that I am responsible for locating a nonprofit agency to complete the number of assigned hours. The CSW Coordinator and I have reviewed that non or not for profit agencies may include a social service agency and/or a government related agency. Examples of authorized locations include: schools, city or county departments, or religious organizations.
2. After locating an entity at which I would like to complete my CSW hours, I need to tell the staff:
  - (a) The nature of my offense, and that I need to complete \_\_\_\_\_ hours by \_\_\_\_\_.
  - (b) I am reporting back to the Douglas County CSW Coordinator and their agency will need to supply a letter on the official letter head of the entity including the below information:
    - Dates CSW was performed
    - Arrival and departure time
    - Tasks completed
    - Total number of hours completed with the entity, name, telephone number and e-mail address of someone who can be contacted to verify the hours I completed.
3. After the entity agrees to the above, I must receive approval from the CSW Coordinator for my chosen agency before beginning the community service work. I understand that hours completed at an unapproved agency will not be credited.
4. After I have COMPLETED my CSW hours I will be responsible for making sure the above described letter is submitted to the CSW Coordinator through one of the below methods:
  - (a) Scan and e-mail the letter to: *csw@douglascountyks.org*
  - (b) Fax the letter to: 785.330.2800 ATTN: CSWC
  - (c) Hand deliver the letter to the CSW Coordinator's office
  - (d) Mail via USPS to Community Service Work Coordinator, 111 E. 11<sup>th</sup> St. Lawrence, KS 66044

I have read and understand the above requirements of me and I will abide by the requirements. I further understand that I am responsible for keeping a copy of the letter documenting my hours for my own records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_