



CSW Non-Referral Agency

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 NON-REFERRAL AGENCY AGREEMENT

- I, _____, have chosen to complete my CSW at an agency not referred directly by Douglas County CSW Department. 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.
- After locating an entity at which I would like to complete my CSW hours, I need to tell the staff:
 - The nature of my offense, and that I need to complete _____ hours by _____.
 - I am reporting back to the Douglas County CSW staff. The organization where I complete my hours must supply the below information on organization letter head or from an official e-mail address.
 - Dates CSW was performed
 - Arrival and departure time AND the tasks I completed
 - Total number of hours completed, name, telephone number and e-mail address of someone who can be contacted to verify the hours I completed.
- After the organization agrees to the above, I must receive approval from the CSW Coordinator before beginning the community service work. I understand that hours completed at an unapproved agency will not be credited.
- After I have COMPLETED my CSW hours I will be responsible for making sure the above described letter or e-mail is submitted to the CSW office through one of the below methods:
 - Scan and e-mail the letter to: *csw@douglascountyks.org*
 - Fax the letter to: 785.330.2800 ATTN: CSWC
 - Hand deliver the letter to the CSW Coordinator's office
 - Mail via USPS to Community Service Work Coordinator, 111 E. 11th 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: _____

Issued by CSW staff member: _____ Date: _____