PROBATION AND COURT SERVICES DEPARTMENT
22ND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

McHenry County Community Service Report Forms

(Please fill out packet before giving to a site)

Case #_____

Number of Hours Ordered: _____ Hours to be completed by: _____

Name: _____
Last First Middle

Sex: ☐ Male ☐ Female Date of Birth: _____

Address: _____

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

Phone # **(with area code):** _____

Are you/have you been a registered sex offender? ☐ Yes ☐ No

I declare the above is complete and true to the best of my knowledge. I have read and understand the conditions of the Community Service Work Program.

Signature: _____ Date: _____

PLEASE NOTE:

- This packet, along with a copy of your court order, must be submitted to the Community Service Site Supervisor before beginning court-ordered community service.

- Online Community Service is **NOT ACCEPTED**

Michael J. Sullivan Judicial Center
2200 North Seminary Avenue, Woodstock IL 60098
Office: 815-334-4400 Fax: 815-338-8895

PROBATION AND COURT SERVICES DEPARTMENT
22ND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COMMUNITY SERVICE MEDICAL HISTORY REPORT

Have you had a major illness(es) in the last 12 months? _____No _____Yes, describe: _____

Have you been under a doctor's care within the past 12 months? _____No _____Yes, describe: _____

Do you have any allergies? _____No _____Yes, describe: _____

Have you ever received compensation as a result of injury or illness? _____No _____Yes, describe: _____

Is there any medical reason you can not perform PSW? _____No _____Yes, describe: _____

Any additional medical information that should be noted:

_____

_____

_____

Emergency Contact Name:_____

Phone #:_____ Relationship:_____

ACKNOWLEDGEMENT

I declare each of the above answers given to be complete and true to the best of my knowledge. Also, I waive any provision of law forbidding any physician who has attended me, or hospital where I have been confined from furnishing any information required, and I hereby authorize them to make such disclosures as McHenry County and/or its designated representative may request.

Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____
(if under 18)

Michael J. Sullivan Judicial Center
2200 North Seminary Avenue, Woodstock IL 60098
Office: 815-334-4400 Fax: 815-338-8895

PROBATION AND COURT SERVICES DEPARTMENT
22ND JUDICIAL CIRCUIT
McHENRY COUNTY, ILINOIS

You have been ordered by the Court to complete community service work as a condition of your sentence. Please read and initial the following community service work conditions.

1. I will not be paid or compensated for my community service work._____
2. It is my responsibility to contact an approved community service site from the list provided and arrange a work schedule with the official site supervisor. The work schedule cannot be changed without site supervisor approval. Online community service is not acceptable. _____
3. I will provide my own transportation to and from my work site. _____
4. I will turn over the McHenry County Community Service Report Forms to my Site Supervisor so that my hours can be recorded and reported from their office. I will submit a request to my Site Supervisor to submit my hours **10 days before any court date.**_____
5. I am to report for work as directed and cooperate with the site staff. I will not report for community service work under the influence of drugs or alcohol. In case of illness, I am to notify the site supervisor at least one hour before my scheduled work arrival time, or as specified by the work site supervisor._____
6. I understand that failure to complete community service work as directed may result in a revocation of my probation/supervision._____
7. If your community service is being transferred to another county, **DO NOT** find your own work site until you have been contacted by the supervising county. Each county has their own procedure, approved work sites or waiting lists, so you must follow their instructions. The process of transfer may take up to three weeks. If you do not hear from your home county after three weeks, contact the McHenry County Court Services. _____
8. If you are interested in doing your community service work at a non-profit organization that is not on the approved list or you reside out of the State of Illinois, contact McHenry County Court Services at 815-334-4400 and provide the following **information before you begin working**:
    - Name of the Non-Profit 501 (c) (3) organization and EIN Number
    - Name of the contact person at the organization
    - Address of the organization (post office boxes are not acceptable)
    - Telephone number, fax number and email of the organization._____
9. **(730 ILCS 115/.01) Probation Community Service Act.** I understand that neither the State, any unit of local government, probation department, community service program or site, nor any official or employee thereof acting in the course of their official duties shall be liable for any injury or loss a person might receive while performing community service as ordered by the Court, nor shall they be liable for any tortuous acts of any person performing the community service, except for willful, wanton misconduct or gross negligence on the part of such government unit, official or employee._____

Name:_____ Date: _____

Signature: _____Legal Guardian Signature (if juvenile case): _____

Michael J. Sullivan Judicial Center
2200 North Seminary Avenue, Woodstock IL 60098
Office: 815-334-4400 Fax: 815-338-8895

PROBATION AND COURT SERVICES DEPARTMENT
22ND JUDICIAL CIRCUIT
McHENRY COUNTY, ILINOIS

WORK REGISTER

Reports must be submitted directly from community service site supervisor only.

Client: _____ **Case#** _____
Last First MI

Site Name: _____

Site Supervisor: _____ **Contact Phone #:** _____

Date	Hours	Job Description	Worker Initials	Supervisor Initials	Total Hours to Date

REPORT TYPE:

☐ **First Day Update** ☐ **Monthly Update (if sentenced to do over 100 hours)** ☐ **Completion Report**

Michael J. Sullivan Judicial Center
2200 North Seminary Avenue, Woodstock IL 60098
Office: 815-334-4400 Fax: 815-338-8895

PROBATION AND COURT SERVICES DEPARTMENT
22ND JUDICIAL CIRCUIT
McHENRY COUNTY, ILINOIS

COMMUNITY SERVICE COMPLETION REPORT

Site supervisor must complete this form and attach all work register forms when the client has completed all court-ordered community service and send to the McHenry County Court Services.

Client: _____ **Case #** _____
Last First MI

Name of Site: _____

_____ _____
Name of Site Supervisor. Please sign. Date

_____ _____
Please print name of Site Supervisor. Telephone Number

Date Client Was Placed: _____

Date of Last Contact with Client: _____

Number of Hours Worked By Client: _____

Was Client's Work Satisfactory? ☐ **Yes** ☐ **No**

May Client Return To This Site? ☐ **Yes** ☐ **No**

Remarks: _____

_____

_____

_____

Please forward log sheet to the Probation Officer listed below:

Probation Officer's Name: _____

2200 North Seminary Avenue Woodstock, IL 60098
Phone: 815-334-4400 FAX: 815-338-8895