

WASHINGTON COUNTY OREGON

COMMUNITY SERVICE INFORMATION SHEET

Name:	DOB:
Address:	Apt #:
City: State:	Zip:
Phone #:	Voicemail Okay? YES NO
Email:	_
Probation Officer:	Probation Type: Bench OR Supervised
Case #: # CS of Hours:	Hours Due by:
Emergency Contact:	Phone #:
Family Contact:	Phone #:
Drivers License #:	
Circle current status of your driver's license: REVOKE	CD VALID SUSPENDED
Other methods of transportation: (Circle what applies)	BUS FAMILY FRIENDS
Are you currently under a doctor's care? YES NO	
Do you have any MEDICAL LIMITATIONS? Please expl	lain:
Do you have any COURT LIMITATIONS?	

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