



AS/UPS Background Information Questionnaire

Name: _____ Date: _____
(Last) (First) (MI)

Date of Birth: _____ Age: _____ Sex: M or F

Address: _____
(Street) (Apt#) (City) (State) (Zip) (County)

Cell #: () _____ Home #: () _____ Email _____

How would you like Douglas County CJS to contact you in the future in regards to this matter if needed? (please circle allowed contact) email text mail all

Employer: _____ Phone: _____
(Name)

Case Number: _____ Number of hours ordered: _____

What was the offense? _____

Do you have any physical disabilities or any other health conditions that might prevent you from performing certain types of work?

- Have you ever had to complete court-ordered community service hours before? Y or N
- What days/hours are you available and what skills or interests do you have that you want us to consider when providing you a choice of approved agencies?

Emergency Contact: _____ Phone: () _____

Relationship to you? _____

Please read the Conditions of Service on the Clipboard

Community Justice Services
4000 Justice Way, Room 1801, Castle Rock, Colorado 80109
Phone (303) 660-7552 Fax (303) 484-6284