

# State Court of Fulton County Recovery Treatment Court Program Request to Complete Community Service Form



GENERAL INFORMATION		
Full Name: _____		
Address: _____	City: _____	Zip: _____
Daytime Phone: _____		Evening Phone: _____
Number of people living in the household (include adults and children): _____		
Current Employment Status: ___ Fulltime ___ Part-time ___ Unemployed*		
<b>*If you have no proof of income or are unemployed, please attach an additional page with a detailed explanation.</b>		
INCOME INFORMATION		
<b>REMEMBER: You must include proof of income with your request.*</b>		
You must provide information on your family's income. Sources of income include, for example: Wages - Unemployment - Self-employment - Worker's Compensation - Disability - SSI - Child/spousal support - Pension - Retirement account distributions - Other		
Please provide proof for every identified source of income. Examples of proof of income include: "W-2" withholding statement - Current pay stubs (3 months) - Tax return - Bank Statements		
<b>*If you cannot provide documentation, you may submit a detailed written signed statement describing your income.</b>		
ADDITIONAL INFORMATION		
Please attach any monthly expenses. Examples include: Housing – Electricity – Water/Sewage – Daycare – Food – Clothing – Other*		
<b>*Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, seasonal or temporary income, or personal loss.</b>		
PARTICIPANT AGREEMENT		
I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.		
_____	_____	
PARTICIPANT SIGNATURE	DATE	

COURT STAFF USE ONLY:

Date Received: _____	Reviewed By: _____
Community service approved? ___ Yes ___ No	
Community service denied because: _____	