

Student ID:		Applicant Information:	
SSN:	Name:	Birth Date:	Sex:
Address:			
Counselor Office Information:			
Name:			
Address:			
Court Information:			
Institution Name:			
Address:		Phone:	
Contact Name:		Title:	
The following information is to be completed by the Court, Supervising Agency, or Authorized Person:			
Date applicant first entered the jurisdiction:		Date applicant was/will be released from jurisdiction:	
List all the complaints which were sustained:			
Describe applicant's adjustment while under supervision of the court or other agency:			
Describe any aspects of the applicant's background, personality, or behavior which the Job Corps should know about:			
Describe any difficulties the applicant might have in adjusting to the Job Corps:			
Can the applicant be expected to:			
Live and work well with others?	Respond to discipline?	Benefit from Job Corps?	
Behave properly in the community?	Not prevent others from benefiting from the program?		
Be free of all court-imposed obligations?	Be released/suspended from all financial obligations until Job Corps Termination?		
Is a Court appearance pending?			
If applicant is currently under agency jurisdiction or supervision, will agency:			
Release applicant upon departure for Job Corps?	Authorize Job Corps to send applicant to another state upon completion?		
Agree not to exercise personal or face to face supervision during enrollment?	Permit applicant to leave the state while enrolled?		
Does Agency wish a report from Job Corps if arrested during enrollment:			
Prior to court disposition?		Subsequent to court disposition?	

 Signature of Point of Contact

 Date