



Adult Recovery Court Education Verification Form

Please fill this form out when:

- You enroll in a school program
- Your class schedule has changed
 - Your classes have ended

Remember, you must notify your Drug Court Coordinator of any changes in your education within 48 hours. Thanks!

Client Name:

Name of School:

Start Date :

End Date (if known):

What are you studying?:
(Example: Welding or GED)

How many credits are you taking?
(Example: 12 credits)

What is your current school schedule each week? List class and hours per day:

Example:

Monday, 6-8pm: Math

Tuesday: None

Wednesday 4-6pm: Computer 101

Thursday: None

Friday: None

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Signature:

Date:

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