**Adult Probation Office**

Enter office address.

**Phone:** Enter phone #. **Fax:** Enter fax #.

Click here to enter a date.

Enter CWS Partner name.

Enter CWS Partner address.

Re: Enter offender name. Offender #: Enter offender number.

Case #: Enter case #.

Dear Enter CWS Partner contact name:

Thank you for allowing Enter offender name to perform community work service at your organization.

We admire your organization for helping us provide Enter offender name with a non-jail component to Select his / her. sentence. I'll be sending Enter offender name to you for Enter # hours of community work service. Enter offender name was convicted by the Court of Spell out offense in case Enter case # . Select He / She. may also have criminal history involving:

 [ ]  Sex Offenses. [ ]  Theft. [ ]  Assault. [ ]  Other.

And this offender: [ ] Does have a valid AK DL. [ ] Does **NOT** have a valid AK DL.

Please note that additional information regarding criminal history can be provided upon request.

We do our best to place offenders where they will succeed in the Community Work Service Program and provide the organization with useful labor. Unfortunately, there is no fail-safe way to predict which offenders will work out well, so, it is important to let me know right away if any problems arise.

Please sign on the CWS Partner line provided to acknowledge your acceptance of this CWS placement and return the signed letter to me at the above address.

If you have questions, you may contact me at my direct line: (907) Enter # or at: Enter e-mail address .

Probation Officer or Criminal Justice Technician Date

Community Work Service Partner Date

Distribution:

CWS Partner Copy: File Copy: