



# Adult Drug Treatment 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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