



Adult Drug Treatment Court Employment Verification Form

Please fill this form out when:

- Notifying your Drug Court Coordinator of your employment for a Stage requirement
 - You have gotten a new job
 - Your job has ended

Remember, you must notify your Drug Court Coordinator of any employment changes within 48 hours of the change. Thank you!

Client Name: _____

Name of Employer: _____

Start Date : _____

End Date (if your job has ended): _____

Employer Phone Number: _____

**Location of Employer (Address/
City):** _____

Contact Person at Employer: _____

Job Title/Type of Job : _____

Number of hours worked per week: _____

**May Drug Court Contact your
Current Employer if needed?:**

YES / NO

Signature: _____

Date: _____

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