

Form D Program Verification Form

CLIENT NAME: Kelly Henderson

Please have your employer, treatment agency, community service agency or school official fill out this form. This form must be completed and returned to staff if you wish to participate in these activities while on the program.

Section 1

Employment: Corporate Management Group Supervisor: Izzy Hunt
Address: 12000 N Washington St Suite 350 Telephone Number: 303-920-1425
Thornton, CO 80241
How is the employee paid? CASH or PAYCHECK Are you related to the Defendant? YES or NO
Supervisor's Signature: [Signature] Days/Times: _____

PLEASE ATTACH MOST RECENT PAY STUB AND A COPY OF YOUR CURRENT WORK SCHEDULE

Section 2

School: _____ Advisor/Counselor: _____
Address: _____ Telephone Number: _____
Days/Times: _____ Advisor's Signature: _____

Section 3

Treatment Agency: _____ Counselor: _____
Address: _____ Telephone Number: _____
Circle: Antabuse Random UA Random BA Methadone Anger Management Level II Ed / Therapy
Days/Times: _____ Counselor's Signature: _____

Section 4

Community Service: _____ Supervisor: _____
Address: _____ Telephone Number: _____
Days/Times: _____ Supervisor's Signature: _____

Section 5

Address Verification: I _____ do affirm that the client will be residing at the following address _____ while serving his/her electronic monitoring sentence. I also understand I have to provide documentation of this address.

RESIDENT SIGNATURE _____ DATE _____

Release of Information: I hereby authorize the above agencies to communicate with and release information pertaining to my enrollment, attendance, responsibilities, participation and progress to the City and County of Denver, Electronic Monitoring Program. I understand that this release may be rescinded at any time.

DEFENDANT SIGNATURE _____ DATE _____

Earnings Statement

KELLY HENDERSON

Pay Date: 02/02/2018	Company: 07700 - CORPORATE MANAGEMENT	Emp #: HENK
Period Start: 01/22/2018	GROUP INC	Dept: 450
Period End: 01/28/2018	12000 WASHINGTON ST 290	Pay Basis: Hourly
	THORNTON, CO 80241-0000 (303) 920-1425	

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	15.00	21.50	322.50	322.50
Gross		21.50	322.50	322.50

W/H Taxes				
Federal W/H (S/O)			26.50	26.50
Medicare			4.68	4.68
Social Security			20.00	20.00
Colorado State W/H (S/O)			13.00	13.00

Deductions				
Net Pay			258.32	258.32

Net Pay Distribution				
Direct Deposit Net Check			258.32	258.32 A/C:4758

<p>CORPORATE MANAGEMENT GROUP INC 12000 N. WASHINGTON STREET, SUITE 290 THORNTON, CO 80241 303-920-1425</p>	<p>Voucher No.: 12463DD DATE: 02/02/2018</p>		
<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Net Pay:</td> <td style="text-align: right; font-size: 1.2em;">258.32</td> </tr> </table> <p>Two Hundred Fifty Eight And 32/100 Dollars</p>		Net Pay:	258.32
Net Pay:	258.32		
<p>KELLY HENDERSON 10080 W. 59TH AVE. APT. #101 ARVADA, CO 80004</p>			
<p>For Record Purposes Only **NON-NEGOTIABLE**</p>			