

HOCKING COUNTY MUNICIPAL COURT  
51 EAST MAIN STREET LOGAN, OH 43138  
PHONE (740) 380-6818 FAX (740) 380-1823

**AGREEMENT TO PERFORM COMMUNITY SERVICE**

CASE NO. \_\_\_\_\_

I, \_\_\_\_\_, do voluntarily agree or have been ordered to perform \_\_\_\_\_ days/hours of community service as ordered by the Municipal Court instead of serving \_\_\_\_\_ days in jail. I agree to accept any health or accident risks incurred during my service. I understand I am required to provide my own transportation to and from the scheduled area of service. I must complete 8 hours a week if employed and 40 hours a week if I am not employed. I will fax, mail, or bring in this agreement by agreed date, and will fax, mail, or bring in my community service check sheet on a weekly basis.

As part of this agreement I will turn this sheet into my Probation Officer by

\_\_\_\_\_ (either by mail, fax, or in person) with information about my community service including

1. Agency Name: \_\_\_\_\_

2. Agency Address: \_\_\_\_\_  
\_\_\_\_\_

3. Agency Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

4. Supervisors Name: \_\_\_\_\_

I agree to have my community service hours completed by

\_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

The above statement was signed before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Witness

**Incomplete information will not be accepted. ALL information must be provided. If the information is not received by the above date, it is a probation violation and a warrant could be issued.**