

**Hocking County Municipal Court
Probation Department
Frederick T. Moses, Judge**

CS Probation Officer

Phone: 740-380-6798

Fax: 740-380-1823

**Community Service Policy.
Please Read Carefully**

You have chosen to complete Community Service in lieu of jail. It is your responsibility to set up the Community Service with a non-profit organization or government agency and have it completed by the deadline given. If there are any complications or circumstances that have prevented you from competing the hours or finding a place to complete your Community Service contact your Probation Officer immediately.

Non Profit and Government Agencies Examples:

American Red Cross

Hospitals

Churches

Thrift Stores

Animal Shelters

YMCA

Humane Society

Recycling Center

Habitat for Humanity

Salvation Army

Food Pantries

Volunteers of America

State Parks and Recreation

Schools

Townships

Police Departments

Libraries

Fire Departments

Courthouses

EMS

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 _____ 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 with my community service check sheet on my due date. (Either by mail, fax, or in person)

Agency Name: _____

Agency Address: _____

Agency Phone number: () _____

Supervisors Name: _____

I agree to have my community service hours completed by

The above statement was signed before me on _____.

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.

COMMUNITY SERVICE
CHECK SHEET

Name: _____	Case Number: _____
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Defendant must complete _____ hour(s) community service in lieu of jail. This sheet is to be maintained by the defendant and faxed, mailed, or brought into the probation office on a weekly basis.

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature (Remember, if this line is not Signed each time, your hours are not logged.) _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____

Date: ____/____/____ No. of hour's _____ Date: ____/____/____ No. of hour's _____

Location: _____ Location: _____

Supervisors Signature _____ Supervisors Signature _____