



## MUNICIPAL COURT OF ATLANTA COMMUNITY COURT DIVISION

### COMMUNITY SERVICE WAIVER

**Please Read Carefully**

Complaint Number: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Name: \_\_\_\_\_ SS: \_\_\_\_\_ DOB: \_\_\_\_\_

(Last 4 Numbers)

Today's Date: \_\_\_\_\_ Reset Date: \_\_\_\_\_ Judge: \_\_\_\_\_ Rec'd Fm Ct/rm/Time \_\_\_\_\_

Please select your assigned program: TLC ☐ Restorative Board ☐ Clinical ☐ Community Service ONLY ☐

Medical Conditions/Disabilities that may preclude you from performing community service: \_\_\_\_\_

I, the undersign defendant being of lawful age, hereby states to all parties concerned that "I have read the following provisions. I understand them and agree that these provisions shall apply to me:.

I understand that **my community service may start immediately.** \_\_\_\_\_

**Defendant's Signature**

If I am pregnant or become pregnant during the probation term, it is my responsibility to notify my case manager and provide the necessary paperwork.

I have been assigned by the above named Court to the Community Service Program. I am to work a total of \_\_\_\_\_ hours in the community Service Program. I am responsible for transportation to and from the specified work site.

Any unexcused absence, failure to perform work as instructed, insubordination, intoxication, illegal drug use, or any act disruptive to the work crew will result in me being immediately dismissed from the work detail and the reason for dismissal reported to the sentencing Judge.

I will in no way consider myself or hold myself out as an employee of the agency involved in this program or the City of Atlanta, the Courts, the institution where I am performing this community service, or any other agency, business or individual as a result of this community service; nor will I make any claim for wages, unemployment benefits or worker's compensation benefits from any sources mentioned above as a result of this activity or community service.

I will assume all liability for bodily or personal injury that I may receive arising from, and by reason of, any and all known or unknown, foreseen or unforeseen causes, or any other consequences that may result from participation in this program. I release and hold harmless each and every municipality, agency, office, institution or individual where community service hours are performed for any injury to my person or property.

I will stipulate that in proceeding against me, my time sheet will be used as evidence of the hours I have worked.

If I do not successfully complete all of the hours of community service work that I have been ordered to do, **PRIOR TO MY RESET DATE, I understand that I may be held in contempt of court**, and subject to reappearance before the Judge.

**I have been provided a community service information sheet instructing me on how to complete my court mandated service hours.** \_\_\_\_\_

(Defendant's Initials)

\_\_\_\_\_  
(Defendant's Signature)

\_\_\_\_\_  
(Today's Date)