(Complete this form and bring it to your first appointment or attach it to your First mail-in Report.)

 **Panhandle Probation Services, LLC**

 **33 *Mar*ket Street Suite 126 Apalachicola, Florida 32320**

 **Phone:850-653-1018 Fax:850-653-1019**

 ***Community Service Agreement***

 ***Probationer:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

 **Case number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of hours required: \_\_\_\_\_\_\_\_\_\_\_\_

 **As part of your sentence, you agreed to perform community service work hours as a condition of your probation. Per this agreement the probationer “meaning you” agrees to the terms and conditions as they are stated herein and agree not to hold the Probation Company, its staff, nor the approved or non-approved work location liability for any bodily or personal injury as a result of negligence while performing community service work. I also agree that will not hold the Agency, its insurers or any other party. If I should sustain an injury, I must report it to my Probation Officer or designee within 24 hours. I agree not to file any proceedings against the Agency, its insurers, or any other party associated with the assigned community service work location and agree not to hold the abovementioned parties liable for any injury sustained while traveling to or from the assigned location.**

* I will not perform any community service hours without obtaining prior approval from my Probation Officer and paying the appropriate insurance fee. I will not be considered employed or an employee of the agency in which I am performing court-ordered community service work hours. I will not be paid nor will I receive any compensation for the work hours performed.
* I understand that, consuming alcohol, fighting, Stealing, causing a disturbance that requires law-enforcement to be called, or reporting for hours under the influence of alcohol or the unauthorized using drugs while performing community service work hours will result in a violation of my Probation.
* I acknowledge that I do not have any handicap or disability that would prevent me from performing my court-ordered community service hours. If I Should I have a disability or handicap, I will provide my Probation Officer and the Court with documentation of my handicap or disabilities. I understand the any medical documentation obtained or provided will be used for the purpose of arranging court-ordered work hours to be performed at a location to more accommodates your handicap or disability.
* I will not be in possession of knives, guns or weapons of any kind while performing court- ordered community service work and is prohibited and will result in a warrant being issued for my arrest.
* I understand that I must perform my court-ordered community service work hours in a satisfactory manner or, my probation could be revoked.
* I understand that failure to complete all required community service hours 30 days prior to my termination date maybe a violation of my probation and it is my responsibility to insure that all hours and required forms are tuned into my Probation officer when completed.
* By signing this agreement, I acknowledge and understand that I have reviewed and clearly understand the requirements, and restrictions for performing my court-ordered community service work hours and I agree to comply with all the terms and conditions as outlined herein.

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 ***Probationers signature date***