

Community Service Waiver
City of Atlanta Community Court

Complaint Number: _____ **Type Offense(s):** _____

Name: _____	Last 4 Digits of SS: _____	DOB: _____
Race/Gender: _____	Your Zip Code: _____	Employed (Yes/No): _____
Highest Grade Completed: _____	Today's Date: _____	Reset Date: _____
	Criminal/Traffic: _____	
Judge: _____	Received From Courtroom/Time: _____	Start date: _____

Do you have a Medical Conditions/Disability that may preclude you from performing community service? Yes No
If yes, explain: _____

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 must perform my community service in the City of Atlanta through the Community Court Division. All exceptions must be approved by Mr. Allen (404) 588-5903 before I start performing the hours. _____

Defendant's Signature

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

I must complete not less than eight (8) hours of community service work each consecutive week (I may work more hours each week in order to finish sooner).

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 will be held in contempt of court**, and subject to reappearance before the Judge.

I have been provided an information sheet detailing times and convening location for community service. _____
Defendant's Initials

I, the undersigned defendant, being of lawful age, hereby state to all parties concerned that "I have read the above provisions. I understand them and agree that these provisions shall apply to me."

(Defendant's Signature)

(Today's Date)