

MUNICIPAL COURT
COMMUNITY SERVICE ORDER

I, _____, having been found guilty of violation(s) against the Village of Coleman Municipal Ordinance(s) and having agreed to perform voluntary service to the community of Coleman in lieu of forfeiture, I hereby attest and state as true:

1. That I have been ordered to perform _____ hours of community service based on fine(s) of \$_____.
2. That I do so agree to perform the total number of hours of community service ordered.
3. That I am to expect a call from the supervisor at first availability of community service.
4. That said service to the community may involve physical labor at a number of facilities established by the supervisor and the court.
5. That I will follow the orders/instructions of the supervisor and abide by all safety measures and precautions available.
6. That I do not have any physical impairment that would prevent me from fulfilling my obligation to the program. (ie: allergic, neurological, osteopathic, muscular)
7. That I understand that failure to comply with the order of the court and the terms hereto set forth will result in the imposition of alternative sentencing and possible contempt charges. Further, I may face penalties for failing to follow an order of the court which could include; loss of driver's license, house arrest, or incarceration in a secure facility.

I hereby certify that I have read the terms of this order and understand that I am agreeing to certain conditions. My signature attests that I acknowledge and agree to these terms and conditions.

Name: _____ Date: _____

Witness: _____ Title: _____ Date: _____

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Name: _____

D.O.B: _____

Address: _____

Home Phone # _____

Cell Phone # _____

Available to perform community service

- Weekdays
- Weekends
- Any time

Best time to perform community service

- Morning
- Afternoon
- Any time

Do you have any work limitations?

- None
- Yes: _____

.....
Date of Contact: _____ **Method of Contact:** _____

Assignment Location: _____ **Supervisor:** _____

DATE _____ IN _____ OUT _____ TOTAL _____ DATE _____ IN _____ OUT _____ TOTAL _____

DATE _____ IN _____ OUT _____ TOTAL _____ DATE _____ IN _____ OUT _____ TOTAL _____

DATE _____ IN _____ OUT _____ TOTAL _____ DATE _____ IN _____ OUT _____ TOTAL _____

DATE _____ IN _____ OUT _____ TOTAL _____ DATE _____ IN _____ OUT _____ TOTAL _____

DATE _____ IN _____ OUT _____ TOTAL _____ DATE _____ IN _____ OUT _____ TOTAL _____

Supervisor Name (Printed) Supervisor Signature Date

Supervisor's Notes (if any):