

SANDUSKY MUNICIPAL COURT COMMUNITY SERVICE CONTRACT

I, _____, have been ordered to participate in the Sandusky Municipal Court Community Service Program. **I understand this is a Court Order and I must pay \$10 to participate in this program.**

I understand that as a participant, I am required to perform _____ hours of public service without any pay or benefits of any kind. I also understand this work is in lieu of my fines and/or incarceration, and that I must pay my Court Costs.

I understand that as a participant in the Sandusky Municipal Court Community Service Program, I am not legally an employee of the City of Sandusky, the Sandusky Municipal Court or the Probation Department, and I have no right to any pay or benefits, neither do I have the right to be defended or indemnified by the City of Sandusky for any lawsuits against me arising from my participation in the Community Service Program.

I further understand I have no legal right to seek Worker's Compensation from the City of Sandusky or the Sandusky Municipal Court Community Service Program in the event that I am injured while participating in the program or Unemployment Compensation after my participation ends.

ADDITIONALLY:

1. A schedule will be arranged that is reasonable for myself and the agency to which I am being referred. I understand that there will be only one referral made.
2. This schedule can only be altered with permission of the Court. I understand that if I am late or do not show up, I am in violation of this Court's Order.
3. Should I experience any problems or difficulties in completing the program, I am to contact the Probation Department at (419) 627-5949.

I do hereby certify that I have read (or have had read to me) the conditions under which I will be assigned to an agency through the Sandusky Municipal Court Community Service Program. I fully understand that my failure to comply with the above conditions will be in violation of this Court's Order and my case will then be referred back to the Judge for further disposition.

Signature: _____ Date: _____

Staff: _____ Date: _____