

# **Hocking County Municipal Court Probation Department**

**Frederick T. Moses, Judge**

CS Probation Officer

Phone: (740) 380-6798

Fax: (740) 380-1823

## **Community Service Policy**

**Please Read Carefully**

You have chosen to complete Community Service in lieu of jail. It is your responsibility to set up the Community Service with a non-profit organization or government agency and have it completed by the deadline given. If there are any complications or circumstances that have prevented you from completing the hours or finding a place to complete your Community Service contact your Probation Officer immediately.

### **Non-Profit and Government Agencies**

American Red Cross

Churches

Animal Shelters

Humane Society

Habitat for Humanity

Food Pantries

State Parks and Recreation

Townships

Libraries

Courthouses

Hospitals

Thrift Stores

YMCA

Recycling Center

Salvation Army

Volunteers of America

Schools

Police Departments

Fire Departments

EMS

**HOCKING COUNTY MUNICIPAL COURT  
105 W HUNTER STREET  
LOGAN, OH 43138  
PHONE (740) 380-6798      FAX (740) 380-1823**

AGREEMENT TO PERFORM COMMUNITY SERVICE

CASE NO. \_\_\_\_\_

I, \_\_\_\_\_ do voluntarily agree or have been ordered to perform \_\_\_\_\_ hours of community service as ordered by the Municipal Court instead of serving \_\_\_\_\_ days in jail. I agree to accept any health or accident risks incurred during my service. I understand I am required to provide my own transportation to and from the scheduled area of service. I must complete 8 hours a week if employed and 40 hours a week if I am not employed. I will fax, mail, or bring in this agreement by agreed date, and will fax, mail, or bring in my community service check sheet on a weekly basis.

As part of this agreement, I will turn this sheet into my Probation Officer with my community service check sheet by my due date. (Either by mail, fax, or in person)

1. Agency Name: \_\_\_\_\_
2. Agency Address: \_\_\_\_\_
3. Agency Phone Number: \_\_\_\_\_
4. Supervisor's Name: \_\_\_\_\_

I agree to have my community service hours completed by \_\_\_\_\_

The above statement was signed before me on \_\_\_\_\_

Incomplete information will not be accepted. ALL information must be provided. If the information is not received by the above date, it is a probation violation and a warrant could be issued.

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**Community Service  
Check Sheet**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Defendant must complete \_\_\_\_\_ hour(s) community service in lieu of jail. This sheet is to be maintained by the defendant and faxed, mailed, or brought into the probation office on a weekly basis.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hours \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature