



COMMUNITY CORRECTIONS

COMMUNITY WORK SERVICE PACKET

You have been ordered to complete hours for Community Work Service. **Your hours will be due within 120 days of your sentencing date or per court ordered deadline. Failure to do so will result in your CWS condition being returned to Court to be converted to a fine and/or for further court action.**

You are responsible to set up a schedule with an approved community work site which includes non-profit or government agencies, schools, and charitable or religious organizations. *AA Meetings are NOT an approved site.* You will NOT be given credit for hours performed at, or through "for profit" companies or organizations. Hours performed for a relative or employer who is connected with a non-profit organization will NOT be accepted without prior approval.

Once you have established a site, please fill out, sign and return the enclosed *Community Work Service Agreement Form* by mail or fax AND provide a copy of the *Agreement* to the work site. The site may choose to use the enclosed timecard.

THE WORK SERVICE AGREEMENT FORM IS REQUIRED TO BE SUBMITTED PRIOR TO STARTING ANY HOURS WITH THE NON-PROFIT ORGANIZATION IN ORDER TO RECEIVE CREDIT.

NO CREDIT IS GIVEN FOR ANY HOURS PERFORMED UNTIL THIS OFFICE RECEIVES SUPERVISOR VERIFICATION OF HOURS COMPLETED

SENTENCING DATE: _____

WORK SERVICE PROGRAM-COMMUNITY WORK SERVICE
Dakota County Community Corrections
1560 Highway 55
Hastings, MN 55033
Fax: 651-438-8340



DAKOTA COUNTY COMMUNITY CORRECTIONS

COMMUNITY WORK SERVICE AGREEMENT

Name: _____ Offense: _____
Phone Number: _____ CWS Hours: _____
DOB: _____ Due Date: **WITHIN 120 DAYS OF
SENTENCING DATE OR PER COURT
DEADLINE**
File Number: 19 _____

Worksite Name: _____
Address: _____

Phone: _____ Fax: _____
Contact Person: _____

I understand that I must follow the agreed upon schedule with my worksite, and abide by their rules and expectations. Failure to do so may result in termination from my worksite and/or the Community Work Service Program.

I understand that if I am injured while performing Community Work Service, I must notify my worksite supervisor immediately. I also understand that my medical insurance must be used to pay for medical costs. If I do not have medical insurance or if I have costs that are not covered, I must contact my Probation Officer within 30 days of my injury to file a claim. If I do not, I will assume full responsibility for my medical costs. Any follow up care for my injury must be pre-approved by Dakota County in order for those expenses to be paid.

I understand that if I fail to complete my hours by the DUE DATE as indicated above, I will be terminated from the Community Work Service Program and be returned to Court for alternative sanctions.

I understand that this Community Work Service Agreement form must be submitted prior to starting my hours with the non-profit organization in order to receive credit.

Client Signature: _____ Date: _____

SIGN, DATE, AND RETURN TO:
Dakota County Community Corrections
1560 Highway 55
Hastings, MN 55033
Fax: 651-438-8340



COMMUNITY WORK SERVICE TIMESHEET

Name: _____

Worksite: _____

Hours: _____

Due Date: **WITHIN 120 DAYS
OF SENTENCING DATE OR
PER COURT DEADLINE**

DATE	FROM	TO	DAILY HOURS	TOTAL HOURS

Date Completed: _____ **Total Hours Completed:** _____

Worksite Supervisor's Name: _____

Worksite Phone Number: _____

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