

**DAKOTA COUNTY
JUVENILE COMMUNITY WORK SERVICE AGREEMENT**

PETITION#: _____ OFFENSE: _____ P.O. _____

YOU HAVE BEEN ORDERED TO COMPLETE _____ HOURS OF COMMUNITY WORK SERVICE BY _____

- Contact a non-profit or charitable organization and set up a work schedule within 14 days. Schools and churches are good to check with. If you are under the age of 13 or cannot find a worksite contact the CWS coordinator at 952-891-7298. Make sure your hours are being logged daily and verified.
- You may have an option to pay a fine in lieu of performing CWS. The rate is \$7.00 per hour for each hour of CWS ordered. Call the CWS Coordinator to receive approval and necessary forms.

At the worksite

- Follow the agreed upon work schedule and abide by worksite rules and expectations.
- Do not be under the influence of alcohol, non-prescription drugs or use tobacco while at the worksite.
- Contact CWS Coordinator if there is any reason you will miss your deadline or not complete your hours.
- Ensure completed timesheet is submitted to the CWS coordinator before the completion deadline.
- It is your responsibility to ensure that the worksite contact person completes and submits the timesheet to the CWS Coordinator before the completion deadline.

**YOU MUST EITHER COMPLETE & VERIFY YOUR CWS OR PAY A FINE BY THE DUE DATE GIVEN.
FAILURE TO COMPLY CAN RESULT IN FURTHER COURT ACTION.**

I agree to and understand the above rules. If I fail to follow the rules, I can be terminated from my worksite and/or the community work service program and be returned to the court for further sanctions.

I understand that if I am injured while performing 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 CWS coordinator 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.

Print Name: _____			DOB: _____			Phone: _____		
Address: _____						City, State, Zip: _____		
Parent's Work Phone: _____				Additional Daytime Phone: _____				
Email Address _____								
Client's signature: _____						Date: _____		
Parent's signature: _____						Date: _____		

Contact Information:

Dakota County Community Corrections
Attn: Community Work Service
1 Mendota Rd
West St Paul MN 55118

Phone 952-891-7298

Fax 651-554-6070

Email: CcJuvCWS@CO.Dakota.MN.US