

Isabella County Trial Court
COMMUNITY SERVICE REGISTRATION FORM

Please Print ALL Items Clearly

Date: _____ Case Number: _____

Name: _____
Last First Middle

Mailing Address: _____
Street

City State Zip Code

Telephone Number: _____ Home Cell

Email Address: _____

Comments: (Questions, Physical Limitations, Work Site Request, etc)

FOR COURT USE ONLY
Sentence Date _____
HRS Ordered _____
MUST Complete By _____
Probation Officer _____
HRS for F/C _____

CS Location Assigned

District _____ Circuit _____ Recovery Court _____ Juvenile _____

WAIVER OF LIABILITY AND RELEASE OF INFORMATION

I authorize the release of offense information and circumstances upon request to the designated or self-determined community service work site, agency, organization, staff member or work site supervisor as needed to ensure a safe and orderly community service process for all parties.

In consideration for the permission granted to me to participate in the Community Service Program, I hereby, for myself, heirs, and administrators, release and discharge the Community Service Work Site Agency and Isabella County, its employees and agents, from all claims, demands, and actions from injury sustained to my person and property.

I also accept sole responsibility and liability for any injury or damage to a third party resulting from my act(s) or omission(s) and I agree to hold Isabella County, its employees, officials, agents, and the Work Site Agency, its employees, officials, and agents harmless from any lawsuits or claims. I certify that my attendance and participation in the Community Service Program is voluntary and that I am not, in any way, an employee, servant or agent of the Community Service Program or the Work Site Agency (Agencies).

I hereby acknowledge that I have read or have had read to me the conditions of my participation in the Community Service Program and agree to perform the work assigned or self-determined within the established time parameters to the best of my ability and with a cooperative, positive, mature behavior, and attitude.

SIGNATURE OF CLIENT

DATE

CS PROGRAM COORDINATOR/REPRESENTATIVE

DATE