

## City of Austin Municipal Court

<u>Address</u>: 700 E. 7<sup>th</sup> St., Austin, TX 78701 <u>Mail</u>: P.O. Box 2135, Austin, TX 78768 <u>Phone</u>: (512) 974-4841; <u>Fax</u>: (512) 974-4837 <u>Internet</u>: <u>www.austintexas.gov</u>



## **Community Service Provider Application Agreement**

In order to be City of Austin Municipal Court approved Community Service Program worksite your organization must comply with the requirements listed below.

**Guidelines:** The purpose of community service restitution is to provide indigent defendants an opportunity to satisfy court financial obligations by providing a genuine benefit to the community. Community Service Restitution providers must be a governmental entity, a non-profit organization or another organization that provides services to the general public that enhance social welfare and the general well- being of the community (as determined by the court) or an educational institution. Subjecting community service workers to dangerous or abusive situations, exposure to drugs or alcohol, proselytizing or advocating political points of view, refusal to fill out the court's timesheets, and/or falsifying timesheets, or asking workers to work on private property or other work that benefits an individual citizen shall result in immediate removal from the court's approved provider list. **The Presiding Judge maintains a zero tolerance policy in regards to stated guidelines.** 

At all times the work environment must be safe. If approved, it is very important to remind you of your responsibility to ensure that participants perform their duties as approved and under the safest conditions possible at all times. Under no circumstances are community service workers to perform work that is NOT in compliance with city, state and federal safety laws. Participants are not allowed to drive vehicles or to be transported in a vehicle while performing work hours as part of the assigned duties. If you have any questions or concerns with the above mentioned requirements, you may contact the court at (512) 974-4841.

Agency Name:			Contact Person:				
Addı	ress:		Phone:				
Area	a of town:						
1.	, , , , , , , , , , , , , , , , , , , ,	e you previously pro Yes No	rovided, community service opportunities to defendants from the Austin				
2.	Please list all duties you v	vould expect a com	nmunity service worker to perform:				
3.	/	•	l and/or chemicals? Yes No w tools and/or chemicals would be used:				
	ii yes, iist ana provide an	explanation of now	w tools unayor chemicals would be used.				
4.	Austin Municipal Court d	oes not assign adu	ult defendants to a work site. Defendants are provided a list of approve				
	sites to choose from. In a	addition, we do not	ot have the ability to screen adult or juvenile defendants for offenses the				

may have been convicted of in other courts and/or jurisdictions. As such, are you willing to accept a defendant's self -

Yes

No

Date Revised: 10/30/2018

report as it relates to criminal history?



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What are your minimum age requirements?



If you were to accept youth (ages 10-17), under what

	conditions would you accept them?				
6.	Do you require a training period?	Yes	No	If yes, what ar	e the requirements?
7.	If we refer community service worker service each worker performs?	rs to you, do Yes	o you agr No	ee to track and :	submit the number of hours of community
8.	What are the days and hours that wo (Please note that the days/times approx Monday		licly disse		ation? alert the court to any changes immediately.) Wednesday
	Thursday	Friday			Saturday
	Sunday				
9.	Please indicate what type of organizar a. Government entity  b. Educational Institution  c. Non-Profit or another organizatio and the general well-being of the control polyou have IRS 50I(C) (3) design.  What services do you provide?	es es n that prov ommunity	No No	vices to the gen No	ply) eral public that enhance social welfare  * If yes, please attach a copy.
11.	Yes  If you answered yes, please indicate hereone person or remotely.	No	·	·	nce of the work assigned? nd whether supervision will be conducted in
If r mu	ist be provided to all Community Service	nization's \ ce workers.	/oluntee Your org	r Agreement to i ganization must i	No <b>If yes, please attach copies.</b> nclude a waiver of liability. The Agreement maintain a copy of the Agreement as signed f signed agreements for auditing purposes.



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13. Does your agency have staff available to communicate to a community service worker in Spanish?



Yes		
I attest that the info	ormation provided is true and correct to the	best of my knowledge.
	ne guidelines listed above and understand the submitted on this form is accurate and repre	
site visits to ensure information	being performed.	sentative of the nature of the
orized Signature:	Title:	
ed Name:	Date:	
	survey to Austin Municipal Court via email, fax or	= -
	survey to Austin Municipal Court via email, fax or ail: Lien.Nguyen@austintexas.gov; Phone No: (51	= -
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