

COMMUNITY WORK SERVICE  
PERFORMANCE AGREEMENT

Offender Name: \_\_\_\_\_ Case #: \_\_\_\_\_

You have been referred for completion of your community work service in:

Agency: \_\_\_\_\_ Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

You will bring your: \_\_\_\_\_ hours of community work service on \_\_\_\_\_

AM/PM, completing \_\_\_\_\_ hours per month/week within a completion date of \_\_\_\_\_.

I understand the above community work service hours schedule. Any deviations from this assignment or problems which cannot be resolved with the agency representatives must be reported by me to the community work service coordinator immediately. My placement at this agency is an opportunity to complete my Court ordered community work service requirement. Abuse of this opportunity will result in my discharge from the Community Work Service Program, and I will be referred back to my Probation Officer for appropriate action. I understand that I may not terminate my CWS placement without prior approval from the Community Counselor.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Counselor/Probation Officer Signature

\_\_\_\_\_  
Date

Offender given copy \_\_\_\_\_

CWS Agency Supervisor \_\_\_\_\_