



**SKAGIT COUNTY DISTRICT COURT
PROBATION AND COMMUNITY COURT SERVICES**

1700 E COLLEGE WAY

MOUNT VERNON WA 98273

PROBATION PHONE: (360) 416-1275

COMMUNITY COURT PHONE: (360) 416-2009

FAX: (360) 416-1280

E-MAIL: dcpb@co.skagit.wa.us

WARREN M. GILBERT, JUDGE
JENIFER G. HOWSON, JUDGE
PAUL W. NEILSEN, JUDGE
PATRICK EASON, COMMISSIONER

SARAH HAYNE, COMMISSIONER
JAMES M. MALCOLM JR., DIRECTOR
MORGAN CAGINGIN, PROBATION SPECIALIST

Compliance Instructions for Preforming Community Service Work

Please carefully read all the paperwork included in this packet so you will know how to correctly complete your community service work obligation. Follow all instructions and pay extra attention to the list below that cover Restrictions that could cause community service work to be denied.

Be sure to be completely truthful about the reason you are needing to do community service work.

In this packet, we have provided you with two (2) log sheets for the organization where you will be volunteering at to keep track of the hours you have worked, and add a description of the work you have done. If you have many hours to complete or will be volunteering at multiple organizations we suggest you make several copies of the log sheets to have readily available for you.

Before submitting your log sheets to the Skagit County Probation Department, make sure to carefully review that the person who supervised your volunteer hours fully filled in the information pertaining to the Organization, signed off on your hours, and that your court case number is on the log sheets.

NOTE: We will not give credit for any work completed if these forms are not filled out correctly and completely.

The last page included in this packet is a Registration Sheet for Community Service work. Please be sure to fully fill it out by providing your current mailing address, the best phone number where you can be reached. This registration sheet is used if we have any questions for you regarding the community service hours submitted to the Skagit County Probation Department.



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Community Service Work Explanation Sheet

Policy Summary:

The court defines Community Service Work (CSW) as volunteer work done for a public non-profit agency or private not-for-profit organization. The court permits defendants to do CSW when they demonstrate that they cannot pay a fine. Sometimes, the court requires defendant to do CSW as a penalty in addition to a fine. Defendants may ask the court to grant permission to do CSW for an unpaid fine balance. When permission is granted, the defendants are referred to the probation department for compliance instructions.

Community Service hours credited using the following formula:

One hour of work = to \$15.00 of the fine (fractions are rounded up)

If training is required to learn how to do volunteer work, that time can count towards community service work hours, if they specifically use this training in working off at least 25% of their community service obligation. (e.g. 20 hours of CSW to complete: 15 hours spent training to answer crisis counseling phone calls with 5 hours spent using such training to do the job.)

Be a dependable and appropriate worker; take pride in the work you do! Attitude is everything. Be polite and show them that you are grateful for the opportunity. Remember, work ethic matters as you may want to use this experience on your application for a future position with a different employer!

Remember that an organization has every right to fire you/let you go as a volunteer, no matter how urgently you need to complete your community service. They are under no obligation to keep you -- especially if you have missed shifts, violated policies, etc



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Restrictions:

You will NOT get credit for Community Service work performed:

1. Prior to the date granted permission by the court.
2. If you hours are Mandatory hours in lieu of jail, or for a Probation violation and you do not check in with The Skagit County Probation department first
3. For any religious organizations (food banks/thrift stores directly or indirectly tied to a religious organization are not acceptable)
4. For an organization where the defendant is already doing volunteer work (Exceptions must be approved in advance by the Court or Skagit County Probation Department)
5. Under supervision of a person related to you
6. For Profit-making care facilities (nursing homes, convalescent centers, hospital, etc.)
7. In the role of Victim Panel speaker
8. For online organizations
9. At your place of employment
10. Helping family, neighbors or friends with tasks (taking your grandmother to the grocery, cleaning your elderly neighbor's house, babysitting your sister's kids, etc.) will NOT be accepted as your community service.
11. If you receive credit for the same hours for some other agency or entity, you may not submit the hours to satisfy your community service obligation. No double dipping!
12. If you are paid or compensated in any way for the hours you perform, you may not claim them for community service



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COMMUNITY SERVICE WORK JOB SITE LIST

The next page is a list of available non-profit organizations where you have the option to volunteer for community service. The list does not include all the possible places where community service work can be performed, but it provides examples of places and the type of work performed at the each of the organizations listed.

Community service work may be performed at any registered **non-profit organization**.

NOTE: If you are completing **Mandatory Community Service work** in lieu of Jail or as part of a Probation Violation, Please check in with Skagit County Probation Department first before moving forward with contacting an Organization.



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Community Service Work

Letter of Introduction

To whom it may concern:

The person bearing this letter must fulfill an obligation to the courts in Skagit County in the form of volunteer work. They have been authorized by our department to search for a job site at which to perform such work. Attached is an explanation sheet containing the policy and rules of the program.

You may ask this defendant what the charges are that he/she has committed and the date committed.

The number of hours to be completed is:

The date these hours are to be completed:

You must pay a minimum of \$_____ per month to District Court, or turn in a minimum of _____ in community Service work per month to the Probation Department to stay in compliance

If the hours are not submitted to Skagit County District Court Probation by the deadline, we are required to notify Skagit County District Court

If you have any question, concerns or issues please contact our Department.

Sincerely,
Morgan Cagingin
Probation Services Specialist

SKAGIT COUNTY DISTRICT COURT PROBATION & COMMUNITY SERVICES
COMMUNITY SERVICE WORK VERIFICATION

INSTRUCTIONS

- A. **For the Worker:** Please print your name, the name of your worksite supervisor, and the name, address and phone number of the organization you worked for on the lines below. Also print the record of work information where indicated. Please use a separate verification for each worksite. If you fill up one form and are still working at the same site, fill out a second one and continue recording your work as you did on the first form.
- B. **For the Supervisor:** Please inspect this form to make sure the information on it agrees with your own records. Please sign your name where indicated.

THIS FORM IS NOT VALID AND WILL NOT BE SUBMITTED TO COURT FOR COMPLIANCE CREDIT UNLESS ALL INFORMATION ASKED FOR IS LEGIBLY RECORDED ON IT. FRAUDULENT SIGNATURES OR FALSE INFORMATION WILL IMMEDIATELY BE BROUGHT TO THE ATTENTION OF THE COURT.

NAME (PRINT) _____

NAME AND ADDRESS OF NON-PROFIT AGENCY: _____

WORKSITE PHONE NO: _____

WORKSITE SUPERVISOR'S NAME: PRINT _____

RECORD OF WORK

DATE WORKED **HOURS WORKED**

DESCRIPTION OF WORK PERFORMED

DATE WORKED	HOURS WORKED	DESCRIPTION OF WORK PERFORMED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS WORKED: _____

THE ABOVE NAMED PERSON HAS SATISFACTORILY COMPLETED THE ABOVE NUMBER OF HOURS.

Signature of Worksite Supervisor: _____

I CERTIFY THAT I HAVE COMPLETED THE ABOVE HOURS OF COMMUNITY SERVICE WORK

Signature of Worker: _____ **Date Signed:** _____

FOR OFFICE USE ONLY: COURT/CAUSE #: _____ CASE FILE #:

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COMMUNITY SERVICE WORK VERIFICATION

INSTRUCTIONS

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NAME (PRINT) _____

NAME AND ADDRESS OF NON-PROFIT AGENCY: _____

WORKSITE PHONE NO: _____

WORKSITE SUPERVISOR'S NAME: PRINT _____

RECORD OF WORK

DATE WORKED **HOURS WORKED**

DESCRIPTION OF WORK PERFORMED

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS WORKED: _____

THE ABOVE NAMED PERSON HAS SATISFACTORILY COMPLETED THE ABOVE NUMBER OF HOURS.

Signature of Worksite Supervisor: _____

I CERTIFY THAT I HAVE COMPLETED THE ABOVE HOURS OF COMMUNITY SERVICE WORK

Signature of Worker: _____ **Date Signed:** _____

FOR OFFICE USE ONLY: COURT/CAUSE #: _____ CASE FILE #:



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Community Service Work Registration Sheet

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Male: _____ Female: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Please list two (2) people whom we may call and leave a message for you if we cannot reach you at the number provided above: (Name and Phone number)

1. _____ 2. _____

I HEREBY ASK THE PROBATION DEPARTMENT TO AUTHORIZE ME TO PERFORM VOLUNTEER WORK IN THE COMMUNITY FOR A GOVERNMENT AGENCY OR A NOT-FOR-PROFIT ORGANIZATION. I HAVE RECEIVED FROM THE PROBATION DEPARTMENT A PACKET INCLUDING INSTRUCTIONS, COMPLIANCE FORMS, AND A LIST OF JOB SITES. I UNDERSTAND THAT THE COURT WILL NOT GIVE ME CREDIT FOR ANY WORK THAT IS DONE OUTSIDE THE SCOPE OF THESE INSTRUCTIONS NOR ANY WORK NOT PROPERLY DOCUMENTED ACCORDING TO THESE INSTRUCTIONS.

Client Signature

FOR OFFICE USE ONLY

Amount of Hours : _____ Optional: _____ Mandatory: _____ CAUSE #:

Fine Amount: _____

Amount of Hours: _____ Optional: _____ Mandatory: _____ CAUSE #:

Fine Amount: _____

Authorized by: _____ Date: _____