



**Municipal Court - Gainesville, Texas  
Community Service Work Program**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

DL/ID #: \_\_\_\_\_ SS# \_\_\_\_\_

Employer: \_\_\_\_\_ Bus Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Local person who knows my whereabouts: \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I am:         Pregnant                       Physically unable to work                       On disability

**(If you agree initial each)**

\_\_\_\_\_ I understand that if I am ordered on to the Community Service Work Program (CSWP) it will be instead of spending the like amount of time in the Cooke County Jail, and the credit will be given at \$100.00 per (8) hours worked.

\_\_\_\_\_ I understand that the only accepted excuse for failing to report for work is personal illness. (Substantiated by a Doctor's statement that you are in fact unable to perform the required duties and must also include the date you are able to return to work. This statement must be delivered to the Municipal Court no later than 4:30 p.m. of the first day missed due to illness.

\_\_\_\_\_ I understand that I am responsible for the transportation to and from the assigned work place and that the City of Gainesville will not be responsible for my vehicle or where the vehicle is parked. I will arrange for adequate care for my children and will not be excused for lack of care for my children, as if I were serving time in jail, my children would be cared for by others. I am also responsible for my own lunch unless otherwise instructed.

\_\_\_\_\_ I will dress appropriately in long pants, no shorts allowed, shoes with covered toes, and a shirt with sleeves, no tube tops or halter tops. Any safety equipment required will be supplied. I must wear the work vest that is assigned to me and I must turn the vest in on completion of my Community Service for credit to be given. Failure to turn in the assigned vest will result in theft charges being filed for the loss of the vest.

\_\_\_\_\_ I understand that failure to complete the assigned work in a satisfactory manner, failure to report to the assigned place on time, or leaving the assigned work place without clearing it through the assigned supervisor or the Municipal Court will result in my being revoked from the (CSWP). I understand that I will be supervised at the assigned work place, the supervisor is my boss and I will do as directed, any report of laziness or attitude will get me revoked. I may be held in Contempt of Court for infractions or absences from the (CSWP).

\_\_\_\_\_ I understand that if I am revoked from the (CSWP) that warrants will be issued for my arrest and I will probably serve out the remainder of my fines in County Jail at the rate of \$100.00 per day. If revoked I may never be allowed to serve on the (CSWP) again, and being revoked will have a bearing on future payment amount considerations.

\_\_\_\_\_ I understand that I may pay the amount of the fines remaining at anytime and be released from the (CSWP). Any amount owed by me for bad checks, or restitution must be paid in cash, certified check or money order, prior to starting the work program and cannot be worked off on the work program. If I want to leave the (CSWP) I will have to make a payment of 30% at that time to be allowed time payments.

**I HEREBY SWEAR UNDER THE LAW OF PERJURY, THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Email Address \_\_\_\_\_