**Anacortes Municipal Court**

1218 24th Street

Anacortes, Washington 98221

(360) 293-1913

# COMMUNITY SERVICE WORK LETTER OF INTRODUCTION

Anacortes Municipal Court is willing in certain cases (with Judge’s approval), to accept community service work performed by a defendant convicted of a criminal or traffic offense, in place of other court imposed penalties such as a monetary fine.

Community service work is defined by the courts as work performed for a worthy public or private **non-profit agency or organization**. It is usually arranged by the defendant who contacts the work site organization, speaks with the person in charge, and, if approved, works out a schedule of duties to be performed. On occasion, upon request of an organization or when indicated by the needs of the defendant, the probation department establishes contact with the work site organization and facilitates a referral.

Frequent choices for community service work in the past have been state or city agencies, including school districts, libraries, senior centers, fire departments, etc. Private non-profit organizations such as a YMCA, Humane Society, churches, hospitals, etc. are also included.

The formula used for comparing one hour of work with its equivalent value in fines is $15.00/per hour.

The below named person must fulfill an obligation to the Anacortes Municipal Court in the form of community service work. He/she has expressed an interest in performing work for your organization. Attached is a sheet to record the hours worked.

Defendant’s Name: Case # Number of hours required:

Starting Date: Final Deadline:

**PLEASE NOTE** – ALL NON-PROFIT ORGANIZATIONS MUST BE APPROVED BY THE COURT.

THE ANACORTES MUNICIPAL COURT WILL **NOT** ACCEPT COMMUNITY SERVICE WORK PERFORMED AT ESTABLISHMENTS THAT SERVE ALCOHOL, OR AN AFFILIATATION WITH A RELIGIOUS ORGANIZATION.

If you have any questions, feel free to contact us at the above mentioned number during regular business hours.

INSTRUCTIONS

ANACORTES MUNICIPAL COURT COMMUNITY SERVICE WORK VERIFICATION

1. FOR THE WORKER: Please print your name, the name of your work site 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 work site.
2. 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 FOR COMPLIANCE CREDIT BY THE COURT, UNLESS ALL INFORMATION ASKED FOR IS LEGIBLY RECORDED. FRAUDULENT SIGNATURES OR FALSE INFORMATION WILL IMMEDIATELY BE BROUGHT TO THE ATTENTION OF THE COURT.

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NON-PROFIT AGENCY NAME EIN/NON-PROFIT AGENCY# ADDRESS OF NON-PROFIT AGENCY:

Work site phone no: Work site supervisor's name: RECORD OF WORK

|  |  |  |
| --- | --- | --- |
| DATE WORKED | HOURS WORKED | DESCRIPTION OF WORK PERFORMED |
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# TOTAL HOURS WORKED:

**THE ABOVE NAMED PERSON HAS SATISFACTORILY COMPLETED THE ABOVE HOURS.**

**Signature of work site supervisor: Date:**

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

**Signature of worker: Date:**