

STATE OF  
WISCONSIN

CIRCUIT COURT

KEWAUNEE  
COUNTY

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IN THE INTEREST OF:

DOB: \_\_\_\_\_  
FILE # \_\_\_\_\_

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COMMUNITY SERVICE WORK PROGRAM CONTRACT  
(For Ordinance Violations)

I hereby acknowledge that I have been arrested and cited by a local law enforcement agency for an ordinance violation. The court has ordered that I pay a fine in the amount of \$\_\_\_\_\_ and has granted my request to allow me to perform uncompensated community service work rather than to pay the fine. I understand that the court will grant credit towards the payment of the fine at the rate of \$7.25 per hour. It is my responsibility to find a non-profit, school or government agency where I may perform the community service hours. The total number of hours due to the court is \_\_\_\_\_. These hours are to be completed by:\_\_\_\_\_.

Upon completion of the hours I will send this completed contract and the attached Community Service Hours Completion Form to: *Lori Nellis, Kewaunee County DHS, 810 Lincoln Street, Kewaunee, WI 54216*. Any questions regarding the completion of the forms or whether a site is acceptable for community service work should be directed to Lori Nellis at that address or at 388-7030.

I understand that failure to complete the community service hours will result in the money fine being imposed by the court. Failure to pay the fine or perform the community service work may result in additional penalties being imposed by the court. If I do not pay the fine or perform the community service hours by the date ordered the court may impose additional penalties without further notice or hearing. Those penalties normally would include a suspension of my driver's license or my privilege to obtain a driver's license until such time as these court obligations are met.

I understand that I will receive no money or payment in any way for the work performed other than the credit towards the amount of the fine owed to the court. I understand that I will receive no benefits for workers compensation, unemployment compensation, Social Security or any other employee benefit programs from the court or any work site. I understand that I hereby waive or give up any liability claims and hold all others harmless for any injury, loss or damage which may arise either directly or indirectly as a result of performing the community service work, except those that are provided by statute. I understand that I will not be considered an employee of any work site, Kewaunee County DHS or of the Kewaunee County Circuit Court.

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Signature of Juvenile Date

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Signature of Parent Date

\$ 30.00      4 hours

\$ 60.00      8 hours

\$175.30      24 hours

\$200.50      28 hours



## WORK EVALUATION

### ATTENDANCE

- \_\_\_\_\_ 1. Frequently absent or late
- \_\_\_\_\_ 2. Absent or late often
- \_\_\_\_\_ 3. Absent or late occasionally
- \_\_\_\_\_ 4. Seldom absent or late
- \_\_\_\_\_ 5. Never absent or late

### USE OF WORK TIME

- \_\_\_\_\_ 1. Very Wasteful
- \_\_\_\_\_ 2. Wastes time
- \_\_\_\_\_ 3. Fair use of time
- \_\_\_\_\_ 4. Keeps busy
- \_\_\_\_\_ 5. Busy & effective

### ATTITUDE TOWARDS SUPERIORS

- \_\_\_\_\_ 1. Disrespectful
- \_\_\_\_\_ 2. Poor cooperation
- \_\_\_\_\_ 3. Cooperates when asked
- \_\_\_\_\_ 4. Cooperates willingly
- \_\_\_\_\_ 5. Very respectful, helpful

### PERSONAL APPEARANCE

- \_\_\_\_\_ 1. Slovenly
- \_\_\_\_\_ 2. Untidy
- \_\_\_\_\_ 3. Tidy
- \_\_\_\_\_ 4. Neat, in good taste
- \_\_\_\_\_ 5. Exceptionally pleasing

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VERIFICATION REPORT

- \_\_\_\_\_ Youth has completed the required hours of community service required by the court.
- \_\_\_\_\_ Youth has failed to complete the required hours of community service work, having worked only those hours verified on the attached schedule.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_