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Probation Services
EHD

(425) 452-6956
(425) 452-4461

FAX: (425) 452-7883
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COMMUNITY SERVICE AGREEMENT FORM

I understand community service is a privilege and an obligation and that I am responsible for abiding by all rules and requirements of the Bellevue District Court, Bellevue Probation and the work site. Failure to do so may result in termination from the community service program and/or return to court. Work may be performed for any non-profit organization within the Bellevue City limits and will be credited at the rate of \$ 15.00 per every full hour of work.

It is my responsibility to report on time and to wear appropriate clothing (long pants, sturdy close-toed shoes and raingear, if appropriate). I certify that I have no health concerns or physical limitations and that use or possession of any alcohol, drugs or weapons will result in termination. If staff suspects I am under the influence of alcohol and/or drugs, a Urinalysis or breathalyzer test will be completed, at my expense, and, if positive, I will be returned to court. I will complete no less than 8 hours of community service each week to remain on the program.

Signature: _____ Date: _____

Witness: _____

Total community service hours to be completed: _____

Name of community service work site: _____

Work site supervisor: _____ Tele # _____