

DEKALB COUNTY COURT SERVICES

Rules for Community Restitution Services (CRS)

Name: _____

Please read and initial each rule, indicating that you understand the expectation. Then sign and date the form on the line listed for the client. If under 17, the parent/legal guardian must also sign the form. Thank you.

- _____ 1. I understand that a work assignment will be provided for me and that I must follow all terms of the work assignment.
- _____ 2. I understand that it is MY responsibility to contact my assigned worksite supervisor to set up a schedule and participate in any required orientation.
- _____ 3. I understand that I will be required to present a valid photo ID each time I report to the assigned worksite.
- _____ 4. I understand that I must treat the worksite as I would any job. I will report promptly, cooperate with the worksite staff, maintain a positive attitude and complete all job assignments to the best of my ability.
- _____ 5. I understand that I must complete a time sheet every day that I work. I must sign in and out each day and have the supervisor initial the time sheet. If I leave prior to receiving approval from the worksite supervisor or without signing out on the time sheet, my hours will not be counted for that day. I understand that it is my responsibility to make sure that my worksite supervisor provides updated timesheets to the Community Restitution Services (CRS) Coordinator on a monthly basis.
- _____ 6. I understand that the worksite supervisor and the CRS Coordinator will remain in contact and will discuss my performance at the worksite. If there are any problems with my performance, the CRS Coordinator will contact me to discuss these issues.
- _____ 7. I understand that, per state law, I cannot hold anyone liable for injuries I receive at the worksite. Neither the worksite, DeKalb County nor anyone else involved in the Community Restitution Services program will pay for medical bills or other expenses I may have as a result of such an injury. I understand that I can receive the full text of that portion of the law at any time from Court Services.
- _____ 8. I understand that I will not be paid or receive any employee benefits for the work I perform.
- _____ 9. I understand that two unexcused absences or failure to complete hours on a weekly basis may lead to termination from the worksite and/or further court action. I will be provided with no more than two worksites through Court Services; if additional hours remain after two placements, I will be required to recruit a non-contracted worksite, to be approved prior to beginning hours by Court Services.

I understand that I must comply with all these rules and that failure to do so may result in further court action. I give permission to DeKalb County Court Services to release information about my charge or criminal background to my worksite as needed.

Client

Date

Parent/Legal Guardian if Client is a Minor

Date

Witness

Date