CASE NO. _____

SUMTER COUNTY DISTRICT COURT
COMMUNITY SERVICE CHART

NAME	NO. OF HOURS WORKED	DATE(S)

I,_____ AGREE TO PERFORM AND SHALL COMPLETE _____ HOURS OF COMMUNITY SERVICE BY THE ____day of_____month OF 200____ AT A DESIGNATED PUBLIC AGENCY, _____ AS ORDERED BY THE COURT AND HEREBY RELIEVE THE SUMTER COUNTY DISTRICT COURT, SUMTER COUNTY COMMISSION, AND RECIPIENT/AGENCY OF ANY LIABILITY INCURRED IF I AM INJURED DURING THE COURSE OF SUCH WORK.

*****I SHALL PAY ANY AND ALL FINES AND OR FEES IMPOSED IN THIS CASE BY THE DATE SPECIFIED ABOVE, IF I FAIL TO TIMELY COMPLETE MY COMMUNITY SERVICE. I UNDERSTAND THAT MY DRIVER'S LICENSE MAY BE SUSPENDED AND A WARRANT ISSUED FOR MY ARREST IF I FAIL TO PERFORM AS ORDERED.

_____ _____

DATE RECIPIENT AGENCY