



# City of Austin Municipal Court

Address: 6800 Burleson Rd., Bldg 310, Ste 175, Austin, TX 78744

Mail: P.O. Box 2135, Austin, TX 78768 Phone:

(512) 974-4841; Fax: (512) 974-4837

Internet: [www.austintexas.gov](http://www.austintexas.gov)



## Community Service Provider Application Agreement

In order to be City of Austin Municipal Court approved Community Service Program worksite your organization must comply with the requirements listed below.

**Guidelines:** The purpose of community service restitution is to provide indigent defendants an opportunity to satisfy court financial obligations by providing a genuine benefit to the community. Community Service Restitution providers must be a governmental entity, a non-profit organization or another organization that provides services to the general public that enhance social welfare and the general well-being of the community (as determined by the court) or an educational institution. Subjecting community service workers to dangerous or abusive situations, exposure to drugs or alcohol, proselytizing or advocating political points of view, refusal to fill out the court's timesheets, and/or falsifying timesheets, or asking workers to work on private property or other work that benefits an individual citizen shall result in immediate removal from the court's approved provider list. **The Presiding Judge maintains a zero tolerance policy in regards to stated guidelines.**

At all times the work environment must be safe. If approved, it is very important to remind you of your responsibility to ensure that participants perform their duties as approved and under the safest conditions possible at all times. Under no circumstances are community service workers to perform work that is NOT in compliance with city, state and federal safety laws. Participants are not allowed to drive vehicles or to be transported in a vehicle while performing work hours as part of the assigned duties. If you have any questions or concerns with the above mentioned requirements, you may contact the court at (512) 974-4841.

Agency: _____	Contact Person: _____
Address: _____	Phone: _____
Website: _____	
Area of town: _____	

1. Are you currently, or have you previously provided, community service opportunities to defendants from the Austin Municipal Court? ☐ Yes ☐ No

2. Please list all duties you would expect a community service worker to perform:

3. Will you require a worker to use power tool and/or chemicals? ☐ Yes ☐ No  
If yes, list and provide an explanation of how tools and/or chemicals would be used:

4. Austin Municipal Court does not assign adult defendants to a work site. Defendants are provided a list of approved sites to choose from. In addition, we do not have the ability to screen adult or juvenile defendants for offenses they may have been convicted of in other courts and/or jurisdictions. As such, are you willing to accept a defendant's self-report as it relates to criminal history? ☐ Yes ☐ No



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5. What are your minimum age requirements? \_\_\_\_\_ If you were to accept youth (ages 10-17), under what conditions would you accept them?

6. Do you require a training period? ☐ Yes ☐ No If yes, what are the requirements?

7. If we refer community service workers to you, do you agree to track and submit the number of hours of community service each worker performs? ☐ Yes ☐ No

8. What are the days and hours that workers can be utilized at your organization?

(Please note that the days/times approved are publicly disseminated. Please alert the court to any changes immediately.)

☐ Monday \_\_\_\_\_ ☐ Tuesday \_\_\_\_\_ ☐ Wednesday \_\_\_\_\_

☐ Thursday \_\_\_\_\_ ☐ Friday \_\_\_\_\_ ☐ Saturday \_\_\_\_\_

☐ Sunday \_\_\_\_\_

9. Please indicate what type of organization your agency is (check all that apply)

a. Government entity ☐ Yes ☐ No

b. Educational Institution ☐ Yes ☐ No

c. Non-Profit or another organization that provides services to the general public that enhance social welfare and the general well-being of the community ☐ Yes ☐ No

Do you have IRS 501(C)(3) designation? ☐ Yes ☐ No

\* If yes, please attach a copy.

10. What services do you provide?

11. Do you agree to supervise any defendant referred to you in the performance of the work assigned?

☐ Yes ☐ No

If you answered yes, please indicate how defendants will be supervised and whether supervision will be conducted in person or remotely.

12. Do you maintain workers compensation and liability insurance? ☐ Yes ☐ No If yes, please attach copies.

If no, you must attach a copy of your organization's Volunteer Agreement to include a waiver of liability. The Agreement must be provided to all Community Service workers. Your organization must maintain a copy of the Agreement as signed by each worker. Austin Municipal Court reserves the right to request copies of signed agreements for auditing purposes.



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13. Does your agency have staff available to communicate to a community service worker in Spanish?

☐

Yes

☐

No

**I attest that the information provided is true and correct to the best of my knowledge.**

**I have read and understand the guidelines listed above and understand the Court may conduct unannounced site visits to ensure information submitted on this form is accurate and representative of the nature of the work being performed.**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send completed survey to Austin Municipal Court via email, fax or mail Attn: Lien Nguyen,  
P.O. Box 2135, Austin, TX 78768; Email: [Lien.Nguyen@austintexas.gov](mailto:Lien.Nguyen@austintexas.gov); Phone No: (512) 974-4841; Fax No. (512) 974-4837*

**INTERNAL USE ONLY:**

Date Received by Austin Municipal Court: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Additional documents received: \_\_\_\_\_