BRAZORIA COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
1524 EAST MULBERRY, SUITE 200 ANGLETON TX 77515 – P O BOX 1300, ANGLETON, TX 77516-1300
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FAX: (979) 864-2116

CARA DRENNER
DIRECTOR

JENNIFER BAGLEY
DEPUTY DIRECTOR

KARLA PEÑATE KUTCH
DEPUTY DIRECTOR

COMMUNITY SERVICE RESTITUTION PROGRAM
PARTICIPANT INFORMATION FORM

DATE: _____ **OFFICER:** _____ **CAUSE#** _____
NAME: _____ **PHONE:** _____
ADDRESS: _____

OFFENSE: _____ **HOURS ORDERED: 120.00**

_____

DOB: _____

NOTICE TO ALL DEFENDANTS

Failure to perform Community Service at the **Court approved and designated Agency** is a violation of the terms of your community supervisor order. The failure to work community service as Court ordered will result in sanctions including the possible revocation of your community supervision (adult probation) status.

AGENCY _____
ADDRESS _____

CONTACT PERSON: _____

I will immediately report for work at the above listed Agency where I have been assigned for work and carry a copy of this form when reporting for community service work. I agree to maintain an adequate work schedule with this Agency so as not to be terminated. I am aware the appropriate authorities will be notified if I am terminated from my assigned Agency for misconduct or failure to work. I understand that I am required to sign in and sign out with the designated Agency staff in order to receive credit for the community service work. I understand that any questions or disputes regarding time credits of my community service hours are to be directed to my Community Supervision Officer in writing. I authorize this Department to disclose the information above to the Agency where I am assigned.

_____ _____

Community Supervision Officer Kyndall Wolf **Defendant Cayce Wayne Vaughn**