

STATE OF TENNESSEE

DOCKET NO(S): _____

VS.

In THE CRIMINAL COURT FOR
Hamilton County, Tennessee
CRIMINAL COURT, DIVISION _____

CHARGE: DUI FIRST OFFENSE _____

CHARGE _____

**YOU ARE HEREBY DIRECTED TO
REPORT, IN PERSON, TO 6215
DAYTON BOULEVARD, WITHIN 5
BUSINESS DAYS, TO BE PROCESSED.**

ORDER

It is hereby ORDERED that, as a condition of his/her suspended sentence in the above case(s), the defendant shall perform _____ days of Community Service by _____ and report back to court on _____ at _____ A.M. / P.M. The work shall be performed under the direction and supervision of the Hamilton County Courts Community Service Program.

It is further ORDERED that the defendant shall **report, in person, within five (5) days to the Hamilton County Courts Community Service Program Office, 6215 Dayton Boulevard, Hixson, Tennessee, 37343 and arrange his/her work schedule. (423/847-4845).**

Failure to successfully complete this work will result in the defendant being brought back into Court for a revocation hearing on said suspended sentence.

REQUIRED AT TIME OF PROCESSING:

- **DUI 1st Offense \$168.00 - (\$56.00 per day) (Per TN Code Annotated 55-10-403(s)(3)and(8)) (MONEY ORDER OR CASHIER'S CHECK) (Personal Checks or Cash will NOT be Accepted)**
- **All Other Charges \$45.00 - Registration and Supervision Fee payable to: Hamilton County Trustee (MONEY ORDER OR CASHIER'S CHECK) (Personal Checks or Cash will NOT be Accepted)**
- **STATE PICTURE IDENTIFICATION MUST BE PRESENTED.**
- **COPY OF THIS COURT ORDER.**

Entered this _____ day of _____, 20 _____.

District Attorney

JUDGE

Defendant

I have no physical or medical condition that prevents me from doing community service.

Attorney for Defendant

Defendant

STATE OF TENNESSEE

DOCKET NO(S): _____

VS.

In THE GENERAL SESSIONS COURT FOR
Hamilton County, Tennessee
SESSIONS COURT, DIVISION _____

CHARGE: DUI FIRST OFFENSE _____

CHARGE: _____

Amended Order

**YOU ARE HEREBY DIRECTED TO
REPORT, IN PERSON, TO 6215
DAYTON BOULEVARD, WITHIN 5
BUSINESS DAYS, TO BE PROCESSED.**

ORDER

It is hereby ORDERED that, as a condition of his/her suspended sentence in the above case(s), the defendant shall perform _____ days of Community Service by _____ and report back to court on _____ at _____ A.M. / P.M. The work shall be performed under the direction and supervision of the Hamilton County Courts Community Service Program.

It is further ORDERED that the defendant shall **report, in person, within five (5) business days to the Hamilton County Courts Community Service Program Office, 6215 Dayton Boulevard, Hixson, Tennessee, 37343 and arrange his/her work schedule. (423/847-4845).**

Failure to successfully complete this work will result in the defendant being brought back into Court for a revocation hearing on said suspended sentence.

Defendant agrees to a search, without either a warrant or any particularized suspicion, of his/her person, vehicle, property, or place of residence by any Probation/Parole officer or law enforcement officer, at any time.

REQUIRED AT TIME OF PROCESSING:

- **DUI 1st Offense \$168.00 – (\$56.00 per day) (Per TN Code Annotated 55-10-403(s)(3)and(8)) (MONEY ORDER OR CASHIER'S CHECK) (Personal Checks or Cash will NOT be Accepted)**
- **All Other Charges \$45.00 – Registration and Supervision Fee payable to: Hamilton County Trustee (MONEY ORDER OR CASHIER'S CHECK) (Personal Checks or Cash will NOT be Accepted)**
- **STATE PICTURE IDENTIFICATION MUST BE PRESENTED.**
- **COPY OF THIS COURT ORDER.**

Entered this _____ day of _____, 20_____.

District Attorney

JUDGE

Defendant

I have no physical, or medical condition that prevents me from doing community service.

Attorney for Defendant

Defendant

267-0126

**Hamilton County Government
Courts Community Service Program**

HOLD HARMLESS AGREEMENT

In consideration, of being permitted to participate in the Courts Community Service Program, I hereby release, waive, discharge and covenant not to sue any employee and/or officer of the State of Tennessee, or subdivision thereof, from all liability to me, my personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim on account of injury to my person or property or resulting death to me, which may occur now or at any future time associated with my participation in this program.

I further agree to indemnify these officials, their officers and employees from any loss, liability, damage or cost they may incur due to my participation in this program, whether caused by their negligence or otherwise. I assume full responsibility for the risk of bodily injury, death or damage while participating in this program and release the above officials, officers and employees from any claim whatsoever on account of first aid, treatment or service rendered during my participation in the program.

I realize if I am assigned a task which I reasonably believe would endanger my life or safety, I may refuse to do that task and within five (5) days file a report of the event with the Manager of the Courts Community Service Program.

I understand the above and any questions have been adequately explained to me.

Defendant: X _____

Witness: _____

Date: X _____