

PRETRIAL INTERVENTION/TRAFFIC EDUCATION/ALCOHOL EDUCATION



COMMUNITY SERVICE WORK VERIFICATION FORM

**Warning: Forgery of this document is a criminal offense punishable by a fine or imprisonment of not more than three years.**

Defendant: \_\_\_\_\_ Assignment: 4 HRS Deadline: \_\_\_\_\_

Agency: \_\_\_\_\_ Worksite Supervisor: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency E-mail: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City/State Zip

Date	Hours Worked	Supervisor's Signature		Date	Hours Worked	Supervisor's Signature

TOTAL HOURS: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

WORK PERFORMANCE:  Excellent  Good  Poor  Terminated

COMMENTS: \_\_\_\_\_

Please return form to:

14<sup>th</sup> Judicial Circuit  
Solicitor's Diversion Programs  
Post Office Box 1880  
Bluffton, SC 29910  
Shannon Horton – Diversion Officer  
Ashley Collins – Case Manager  
[InternalPrograms@scsolicitor14.org](mailto:InternalPrograms@scsolicitor14.org)  
Phone: (843) 790-8893 Fax: (843) 705-7479

Fourteenth Judicial Circuit Solicitor's Office  
Isaac M. Stone, Solicitor



Pretrial Intervention/Traffic Education/Alcohol Education

**Community Service Work Agreement**

1. [REDACTED] I understand that if I am disabled and unable to perform community service work, I must provide documentation to my counselor.
2. [REDACTED] I understand that all community service work must be performed at a nonprofit agency that is approved by my Pre-Trial Intervention counselor. A list of approved agencies will be provided to me.
3. [REDACTED] I understand that community service work cannot be performed for any family members or friends, or for any site or agency where family members or friends are employed or are volunteers, or for any agency where I serve as a board or staff member. If I have worked at such a site or agency, none of the hours worked will be counted.
4. [REDACTED] I understand that only hours actually worked will be counted towards my total hours. Meal breaks, personal breaks or any other time not spent actually performing work for the site will not be counted towards my total hours. If I perform community service work that involves overnight trips, time spent sleeping, eating or other personal time will NOT be counted towards my total hours.
5. [REDACTED] I understand that the community service hours must be completed by the deadline. Extensions are granted *only* for personal, documented medical problems or emergencies. The PTI counselor has sole discretion to decide whether or not to allow an extension.
6. [REDACTED] I understand and agree to hold harmless the Solicitor for the Fourteenth Circuit, his designees and his employees from any and all liability whatsoever as a result of any damages to personal property, or personal injury or death sustained as a result of any community service work required by participation in PTI/TEP/AEP.
7. [REDACTED] I understand that it is my responsibility, *not the community service site's*, to make sure that the time sheet is turned in to my PTI counselor in a timely manner. The documents must list the hours worked and must have the signature of the community service site supervisor. All hours will be verified by the PTI counselor.
8. [REDACTED] Forgery or falsification of community service work hours is a criminal offense punishable by a fine or imprisonment of up to three years. (South Carolina Code of Laws Section 16-13-10)

By signing this document, I certify that I have read, understand, and agree to abide by the above listed community service requirements for the Pretrial Intervention Program/Traffic Education Program/Alcohol Education Program. I understand that failure to follow these requirements could result in termination from the program. If I am terminated from the program, my case will be returned to court for prosecution of the charge(s) against me.

Client's Signature: [REDACTED]

Date: [REDACTED]