



## Monroe County Community Service Work (CSW) Application

### Client Information

<b>Last Name</b>		<b>First</b>		<b>MI</b>	
<b>Address</b>					
<b>City/State/Zip</b>					
<b>Date of Birth</b>		<b>Email</b>			
<b>Cell Phone</b>		<b>Alternate Phone</b>			

### Referral Information

**Reason you were referred for Community Service Work:** (Check all that apply)

- Diversion Agreement
- Pre-Negotiated Plea with DA
- Probation & Parole
- Jail Sentence    Sentencing Date: \_\_\_\_\_
- Fine Payment (Circle One:    County    Municipal )    Fine Due Date: \_\_\_\_\_

### Case Information

<b>Case Number(s)</b>	
<b>List Charges for Case(s) Above</b>	

### Program Rules

Initials	Rules
	1. It is my responsibility to keep track of and record my Community Service Work (CSW) hours with exact dates and times of work. I will provide true and accurate information and will not falsify CSW records.
	2. I understand that CSW hours must be turned in at least two (2) weeks before the final due date of my hours.
	3. I understand that it is my responsibility to obtain and submit proof of CSW hours worked to the CSW Coordinator. I will have my CSW site supervisor provide written documentation on official letterhead or use the Monroe County Justice Programs CSW Log form. The letter or form will include the dates that I worked, the number of hours worked and the contact information for the supervisor for verification of hours worked.
	4. If I complete CSW at a location that is not on the pre-approved list, I must get approval from the CSW Coordinator, Eric Weihe (or designee) PRIOR to starting my hours.  <div style="text-align: center;"> <b>Eric Weihe- CSW Coordinator</b>  <b>608-269-8837</b>  <b>Eric.Weihe@Co.Monroe.WI.US</b> </div>
	5. If I am working off a fine, I am responsible for providing proof of completed CSW hours to the Monroe County Clerk, Municipal Court, or other referring agency.

	6. If I am working CSW for the purpose of reduced jail time, I will present the Judge's (or referring agency's) order to the Justice Department within 72 hours of receiving the order.
	7. I understand that I can request a copy of my verified/completed CSW hours by contacting the CSW Coordinator. I understand that it may take up to 10 business days for this proof of completion to be prepared by the Justice Department.
	8. I understand that if I am doing CSW for more than one case, I will disclose each case file and the purpose of my CSW at the time of application.

**Advance Release from Liability**

Initials	Statement
	I, the Community Service Work participant, on behalf of myself, and my heirs, successors and assigns, release Monroe County from any and all liability for personal injuries, consortium or other claims arising out of my participation in the activity of completing Community Service Work.
	I understand that Community Service Work activities could be hazardous and that it is the responsibility of the organization for which I perform CSW to give me a full explanation of the potential risks for any activities that I perform for/at the organization.

**Authorization for Release & Exchange of Confidential Information (To/From)**

	<p>For the purpose of verifying compliance and performance with the Monroe County Community Service Work Program, I hereby consent to communication between the Monroe County Justice Programs Office and the Department of Corrections, Sparta Municipal Court, Tomah Municipal Court, Monroe County Jail, Monroe County District Attorney's Office, Monroe County Clerk of Courts and/or other referring agencies and the organization(s) for which I perform Community Service Work (CSW).</p> <p>Information that may be disclosed: Date and reason for entry into the CSW program, date of release from the program, reason for release from the program, attendance record, hours of work, work performance and locations where the CSW was performed.</p>
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**HIPPA Disclosure**

	I waive my rights under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and will allow the exchange and reproduction of medical information for the purpose of participation in the Monroe County Justice Programs for which I am enrolled. I understand the medical documentation will be shared, and if necessary, reproduced for the purposes of the program(s) that I am freely and voluntarily enrolling into. I understand that I may withdraw this waiver of HIPPA in writing at any time and must submit my request to withdraw consent to Monroe County Justice Programs in person.
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**Length of Authorization and Right to Withdraw**

	<p><b>*This consent (unless revoked earlier) expires upon FIVE (5) years from the date signed or upon completion of my Community Service Work requirements.</b></p> <p>*I understand that I may withdraw this Release of Information Authorization/HIPPA waiver in writing at any time. I must submit my request to withdraw in writing to the Monroe County Justice Department in person.</p>
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**Client Signature/Authorization**

<b>Print Name</b>			
<b>Signature</b>		<b>Date</b>	