

SÉAN R. RYAN
Chief Adult Probation
& Parole Officer

ADULT PROBATION AND PAROLE DEPARTMENT

Court of Common Pleas of Bucks County
SEVENTH JUDICIAL DISTRICT OF PENNSYLVANIA



SUSAN DEVLIN SCOTT
President Judge

A Force for Positive
CHANGE.

Community Service Program

NAME: _____ ADDRESS: _____
DOB: _____
TELEPHONE: (H) _____ (W) _____ (C) _____

1. Do you suffer from any health problems/handicaps/allergies? _____
If yes, describe: (include doctor, medications, etc.) _____

2. Are you presently covered by a health care plan? _____
If yes, explain: _____

3. Do you have any skills/interests you would like to use in your placement? _____

COMMUNITY SERVICE PROGRAM AGREEMENT AND LIABILITY WAIVER

And now, intended to be legally bound thereby, _____ (offender) agrees to provide community services assigned by the Bucks County Adult Probation and Parole Department (BCAPPD) in the amount of _____ hours as determined by Judge _____ on _____ (date). Community Service hours are to be completed by _____ (maximum date or court ordered date).

The offender understands that he/she is under the supervision of the BCAPPD, is covered to some extent by their medical insurance plan and will not receive compensation for services performed.

The offender agrees to give Community Service Program (CSP) staff permission to release information about the offender to participating placement agencies.

The offender will act in an appropriate, courteous and reliable manner while at the work site. Usage of alcohol or illegal drugs will not be tolerated. Offender will report as scheduled and on time and will supply the necessary information to explain any excused absence. The offender must make immediate phone contact whenever unable to keep a scheduled appointment or work assignment and must reschedule. Failure to follow any of the above rules can result in a violation of probation/parole hearing as determined by the BCAPPD.

The offender will not make any claim against the CSP, BCAPPD, placement agency, and/or Bucks County Court of Common Pleas and these agencies are absolved of any and all responsibilities for damages or injury to persons or property or liabilities incurred with placement of its offenders.

I have read the above rules, conditions, and waivers and by signing I understand and agree to the above.

Witness

Probationer/Parolee

Date

Social Security Number

White – Offender Yellow – Case File Pink – CSP Coordinator

Administrative Office:
55 East Court Street, 7th Floor
Bucks County Courthouse
Doylestown, PA 18901
Phone: (215) 348-6634
Fax: (215) 348-6691

Central Bucks Unit:
55 East Court Street, 6th Floor
Bucks County Courthouse
Doylestown, PA 18901
Phone: (215) 348-6102
Fax: (215) 348-6253

Lower Bucks Units:
600 Louis Drive, Suite 100
Warminster, PA 18974
Phone: (215) 442-0209
Fax: (215) 442-0693

Upper Bucks Unit:
261 California Drive, Suite 3
Government Services Center
Quakertown, PA 18951
Phone: (215) 529-7081
Fax: (215) 529-7138