



City of Austin Municipal Court

Address: 700 E. 7th St., Austin, TX 78701
Mail: P.O. Box 2135, Austin, TX 78768 Phone:
(512) 974-4841; Fax: (512) 974-4837
Internet: www.austintexas.gov



5. What are your minimum age requirements? _____ If you were to accept youth (ages 10-17), under what conditions would you accept them?

6. Do you require a training period? Yes No If yes, what are the requirements?

7. If we refer community service workers to you, do you agree to track and submit the number of hours of community service each worker performs? Yes No

8. What are the days and hours that workers can be utilized at your organization?
(Please note that the days/times approved are publicly disseminated. Please alert the court to any changes immediately.)

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday
Sunday		

9. Please indicate what type of organization your agency is (check all that apply)

a. Government entity	Yes	No	
b. Educational Institution	Yes	No	
c. Non-Profit or another organization that provides services to the general public that enhance social welfare and the general well- being of the community	Yes	No	
Do you have IRS 501(C) (3) designation?	Yes	No	* If yes, please attach a copy.

10. What services do you provide?

11. Do you agree to supervise any defendant referred to you in the performance of the work assigned?
Yes No

If you answered yes, please indicate how defendants will be supervised and whether supervision will be conducted in person or remotely.

12. Do you maintain workers compensation and liability insurance? Yes No **If yes, please attach copies.**
If no, you must attach a copy of your organization's Volunteer Agreement to include a waiver of liability. The Agreement must be provided to all Community Service workers. Your organization must maintain a copy of the Agreement as signed by each worker. Austin Municipal Court reserves the right to request copies of signed agreements for auditing purposes.



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13. Does your agency have staff available to communicate to a community service worker in Spanish?

Yes

No

I attest that the information provided is true and correct to the best of my knowledge.

I have read and understand the guidelines listed above and understand the Court may conduct unannounced site visits to ensure information submitted on this form is accurate and representative of the nature of the work being performed.

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

*Please send completed survey to Austin Municipal Court via email, fax or mail Attn: Lien Nguyen,
P.O. Box 2135, Austin, TX 78768; Email: Lien.Nguyen@austintexas.gov; Phone No: (512) 974-4841; Fax No. (512) 974-4837*

INTERNAL USE ONLY:

Date Received by Austin Municipal Court: _____

Approved By: _____

Date Approved: _____

Additional documents received: _____