



OFFICE OF THE STATE'S ATTORNEY FOR WORCESTER COUNTY

Community Service Program

106 Franklin Street
Snow Hill, Maryland 21863
410-632-4412
meckman@co.worcester.md.us

APPLICATION FOR COMMUNITY SERVICE PROGRAM - ADULT

To determine if you are eligible to perform voluntary Community Service hours for your offense instead of appearing for trial, mail this form to the State's Attorney's Office at the address above. If accepted, guidelines and the number of volunteer hours required to complete your community service will be mailed to you. **Please Print.**

This program is pre-trial and runs in conjunction with your trial date. You must sign up at least ten business days before your trial date to be considered for this program. If you have passed the ten days to sign up for community service, please make contact with the District Court of Maryland (410) 723-6935 to schedule a new trial date, then proceed with the application process. If you have not received your trial date, please send a copy of your citation with your application.

A one time application fee of \$75.00 is due with your application. Money Orders Only! No cash, checks or credit cards will be accepted. All money orders are made payable to Worcester County. You will not be officially registered in this program until your application fee is received. Make sure to print your name and address on the money order, too.

Please make copies of all your paperwork along with your application fee for proof of payment. If you miss your due date you will need to present these papers in court.

Citation or Case Number: _____ Trial Date: ____/____/____ SH / Ocean City

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street) (Unit Number)

(City) (State) (Zip Code)

Telephone Number: (____) _____ - _____ (____) _____ - _____
Home Cell

Birth Date: ____/____/____
(You must be 18 at the time of the alleged offense. Anyone under 18 should contact Juvenile Services at 410-723-6938)

Do you have any prior charges/convictions or current outstanding offenses? ____ Yes ____ No Revised 5/22/14

FOR OFFICIAL USE ONLY

C.S. Due Date:

CS Offered by/date	Docs approved yes/ no	C.S. Completion date
Hours/Fee	Ltr rcvd date	Case/Cit marked by
Guidelines mld/fax/hd by	Fee rcvd date	Financials entered by
Case/Cit marked by		Roster marked by
Entered in Roster by	FTA Date:	
Defense Atty	BW lifted by/date	File Closed by:

Remarks: