

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
TRIBAL COURT**



**PROBATION/COMMUNITY JUSTICE OFFICE**

**COMMUNITY SERVICE AGREEMENT**

First Name	Last Name
Mailing Address	Date of Birth
Home Telephone Number	Work Telephone/Cell Phone
Probation Officer's Name	Name of the Court who Ordered Community Service
Court/Probation Officer's Telephone Number	Number of Community Service Hours Ordered

7500 Odawa Court Drive  
Harbor Springs, MI 49740  
Phone: (231) 242-1460

The following is a list of rules that community service workers must agree to before beginning any service hours:

- 1.) Will contact Tribal Court in order to set up a plan of completion prior to beginning any hours of community service;
- 2.) Will provide Tribal Court with necessary documentation prior to beginning service hours (i.e. community service hours needed, name of Probation Officer, etc.);
- 3.) Will notify the Tribal Court if you are going to be late or absent, and the Court will notify your scheduled supervisor;
- 4.) Will not use the phone without prior consent;
- 5.) Will obtain permission prior to leaving the work site;
- 6.) Will act in a respectful manner on tribal property/facility or offsite when performing community services;
- 7.) Will treat immediate supervisor, community service site coordinator, and all others who you may come in contact with respect while assigned community service;
- 8.) Will not engage in the use of alcohol, tobacco or drugs while working toward completion of community service hours;
- 9.) Will not engage in profanity; and
- 10.) Will refrain from any conduct or any attribute, which denotes membership in gangs, advocating drug, use, violence or disruptive behavior.

It is understood by the Community Service Worker that the Little Traverse Bay Bands of Odawa Indians, its employees and agents, are protected by tribal sovereignty immunity and thus will not be held liable for any harm caused to worker or others while performing this community service.

I will comply with the above agreement:

\_\_\_\_\_  
Community Service Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Community Service Worker

\_\_\_\_\_  
Date