

Court Referral Program
VOLUNTEER TRANSFER

Accelerating Nonprofit Success



First name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell: () _____

Fax: () _____ Email: _____ @ _____ . _____

Social Security#: _____ / _____ / _____ Driver's License/ID#: _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: Male Female

Do you have any physical /mental limitations that may affect your ability to perform your service: Yes No

If yes, please explain: _____

Case #: _____ Court: _____ Date: _____

Where would you like to transfer to: City: _____ State: _____ County: _____

Were you ordered to perform one or more of the following: *(not all counties/states offer these programs)*

Cal Trans (only): Yes No Graffiti Removal: Yes No YDAD: Yes No

Defendant signature: _____ Name: _____ Date: _____

Parent/ Guardian signature required if defendant registering is a minor (under the age of 18)

Print name: _____ Signature: _____

Relationship to defendant: _____ Date: _____

Attorney section

I _____ hereby attest that I am the attorney on record for defendant _____ / Case# _____ and I am authorized by the defendant to register and transfer the court ordered community service on behalf of my client. Furthermore, the defendant agrees to adhere to all OneOC polices and procedures as it pertains to my community service and this transfer.

OFFICE USE ONLY

Program coordinator:		Date:	
Case #:		Office:	

Court Referral Program

IMPORTANT POLICIES AND PROCEDURES CONCERNING YOUR TRANSFER (INITIAL EACH ITEM)

_____ There are **NO** refunds on **ANY** fees paid to OneOC once the registration process has been completed. All program fee(s) paid by myself or someone else on my behalf are **NON-REFUNDABLE** regardless of whether I complete the community service or not.

_____ It is your responsibility to contact the County agency you have selected to transfer to in order to make arrangements to register for your community service.

_____ The County agency you transfer your service to will require you to pay a registration fee. Each County agency has their own fee schedule we recommend you contact the agency to inquire about their program fees.

_____ OneOC cannot change or modify a court order or grant extensions on the due date for your court ordered assignment(s). You must return to court in order to request an extension and/or modification. OneOC can assist you with the request but it is no guarantee that you request will be granted.

_____ If you have a physical and/or mental limitation that may prevent or hinder you from performing your community service assignment; you must inform OneOC. You may be asked to obtain medical clearance or present current medical records regarding your physical limitations. If you are not medically cleared to perform your community service assignment you will be referred back to court.

_____ You may not work past your court ordered due date. If you need to request an extension you must return to OneOC in. OneOC cannot grant extensions but we can assist you with your request.

_____ If the court grants you an extension you are required to return to OneOC with your extension and pay the **extension fee** of **\$20.00** before you will be able to return to the county/state where you transferred your service

_____ Additional transfer requests will be charged the transfer fee. Only one transfer per request allowed.

_____ If **12 (twelve)** months or more has passed since your due date you will be required to pay the registration fee again.

_____ You are required to follow and adhere to all agency policies and procedures. Failure to do so could result in your termination from the agency and you will be referred back to Orange County.

_____ **The court will only accept OneOC disposition reports** If you have completed your hours you are required to submit your completed transfer form at least **(3) three** business working days prior to your completion date. Failure to submit proof of completion to OneOC on or before your due date will result in a non-compliance report sent to the courts/Probation and a bench warrant for your arrest may be issued.

_____ OneOC is **not responsible** in the event you sustain an injury while performing your community service. **OneOC does not provide worker's compensation insurance** nor will they be held liable or responsible for costs incurred due to an injury sustained as a result of your participation in community service work. I further understand and agree that engaging in community service with OneOC is voluntary. Any and all medical and dental expenses related to any injury sustained while performing my community service is solely my responsibility.

I have read and agree to adhere to above listed policies and procedures. I further understand that failure to comply may result in the termination of my community service and my case can be referred back to court.

Defendant name: _____ Signature: _____

Parent/Guardian: _____ Signature: _____

Attorney: _____ Signature: _____

Case #: _____ Date: _____