



The seal of the Province of Tuzov is a heraldic emblem. It features a central shield with a landscape scene, including a body of water and a small structure. Above the shield is a crest depicting a bird, possibly an eagle or a phoenix, with its wings spread. The shield is flanked by two deer or stags, their antlers reaching upwards. A banner or ribbon curves around the bottom of the shield, bearing the word "PROVINCE" in capital letters. The entire emblem is set against a dark background.

## 1ST DIVISION

COURT ADMINISTRATOR

[illegible]

## Alternative Service Guidelines (ASP)

1. You must report on time and stay for the duration of the site or until completion of your mandated hours. If you failed to stay for the duration, you will only be given 50% credit on your time. NO EXCEPTIONS! You must have your ASP logsheet with you when you check in. If you do not have your logsheet you will not be allowed to remain.

ASP monthly calendar (location and times) will be available on the court's website and/or from your probation officer. Any changes or cancellations will be posted to the website, be sure to verify site location/time prior to attending. Any special events available will be posted on the monthly calendar. <https://www.oakgov.com/government/courts/district-courts/52nd-district-court-division-1/probation>

2. DO NOT CALL OR CONTACT THE SITES DIRECTLY. ON THE ABOVE WEBSITE THERE IS A LINK TO A SIGN UP GENIUS PAGE. YOU CAN REGISTER YOURSELF VIA THE SIGN UP GENIUS. You will receive a confirmation email once registered. Direct any questions directly to your assigned Probation Officer.
3. PLEASE NOTE: IF YOU SIGN UP FOR A SLOT, YOU ARE EXPECTED TO SHOW. FAILURE TO DO SO COULD RESULT IN ADDITIONAL PENALTIES SUCH AS A VIOLATION OF PROBATION OR POSSIBLE JAIL. CANCELLATION OF YOUR SLOT MUST BE DONE A MINIMUM OF 48 HOURS IN ADVANCE OF THAT SITES START TIME.
4. This sheet counts as your proof of attendance and must be returned to your probation officer to receive credit. If you lose your sheet, you will not be given credit for those hours. Copies/ duplicates will not be accepted.
5. This sheet is an official court document. Falsifying, forging, or misrepresenting any actual hours worked will result in a probation violation hearing and potentially more sanctions against you including possible jail time. Only the ASP Supervising Officer or Probation Officer may endorse your sheet.
6. For all sites lasting at a minimum of 4 hours, a 15-minute break will be provided after 2 hours of consecutive work as directed by the ASP Supervising Officer. Participants are not permitted to leave the site to purchase food or drinks. Participant must provide their own beverages.
7. ASP is a ZERO tolerance program. If a participant is believed to be under the influence of alcohol, controlled substance, or combination thereof, the participant may be required to submit a PBT and/or drug screen. A positive test or refusal to submit to a test will result in immediate termination from the site and possible violation of probation.
8. Any inappropriate, destructive, or assaultive behavior will result in termination from the site. (i.e. dishonesty; profanity; failure to work, inappropriate physical contact, etc.) Alcohol, illegal drugs, or weapons of any sort are strictly prohibited. Failure to follow the ASP Supervising Officers directives will result in your removal from the site and possible termination from the Alternative Services Program.
9. Proper attire shall be worn at all times. Do not wear tank tops, tube tops, anything that exposes your midriff, short shorts (6 inches above the knee), bathing suits, T-shirts that reference alcohol, sex, drugs, etc. No backpacks or large purses permitted at any site.
10. Participant must be prepared to work outdoors and be dressed appropriately for any weather condition. You must wear boots or closed toe shoes at all times. Bringing your own Gloves is recommended. If you are not prepared, you will be asked to leave the site. There are NO EXCEPTIONS.
11. Cell phones and electronics are strictly prohibited. Unauthorized use will result in termination from the site.
12. Only the participant assigned to ASP will be allowed onsite. This means no guests, family, children, etc. NO EXCEPTIONS!

STATE OF MICHIGAN



## District Court - 52nd Judicial District

1ST DIVISION

48150 Grand River Ave.

Novi, MI 48374-1222

HONORABLE ROBERT BONDY  
HONORABLE TRAVIS REEDS  
HONORABLE T. DAVID LAW  
DISTRICT JUDGES

(248)305-6460 Criminal  
(248)305-6511 Traffic  
(248)305-6080 Civil  
(248)305-6144 Probation

ALEXANDRA BLACK M.S.  
COURT ADMINISTRATOR

### ALTERNATIVE SERVICE PROGRAM AGREEMENT/ WAIVER AND RELEASE

In consideration of the condition of my sentencing to perform alternative service work, I, for myself, my heirs and administrators, hereby release and discharge the 52-1 District Court and Oakland County, its officials, employees and agents, and the agency/facility where I perform the assigned duties, its employees and agents, from all claims, demands and actions for any injury sustained by me and/or my property, during my participation in Alternative Service Program.

I also agree to accept sole responsibility and liability for any injury or damages to other parties resulting from my negligence, acts or omissions and I agree to hold the 52-1 District Court and Oakland County, its officials, employees and agents harmless from any lawsuits or claims arising therefrom, and I agree to indemnify the 52-1 District Court and Oakland County, its officials, employees and agents, in the full amount of any judgment obtained. I certify that I am not, in any way, an employee, servant, or agent of 52-1 District Court or Oakland County, or the agency/facility worksite.

If I am asked to perform a task that I feel will endanger my health or others, I understand it is my responsibility to inform the worksite supervisor of my concern before doing the task. If I am unable to reach an agreement with the supervisor, I will immediately contact my Alternative Service Program caseworker and/or the Court to resolve the issue.

I hereby authorize release of information contained in my Court records to the agency/facility to which I am being referred.

I have read, or had read to me, the above RELEASE AND WAIVER conditions under which I will be assigned to an agency/facility through the District Court Alternative Service Program and I understand the conditions.

I have also received a copy of the guidelines for the Alternative Service Program.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Probation Officer's Signature

\_\_\_\_\_  
Date