



3737 PACIFIC HIGHWAY EAST, STE 100
FIFE, WA 98424
(253) 922-6635
FAX (253) 926-5435

COMMUNITY RESTITUTION PROCEDURES

(Step 1) CONTACT THE COURT

First contact the court to confirm that your fines are eligible for community restitution credit. 253-922-6635. You will NOT be given credit for hours worked on community restitution that was not pre-approved by this court.

(Step 2) CHOOSE A NON-PROFIT AGENCY

Community Restitution must be completed through a local non-profit group. It is your responsibility to contact a group that interests you and meets the guidelines for the group. **Group chosen must meet the definition of a 501C3 non-profit organization.**

(Step 3) GET SPONSOR APPROVED BY COURT

Next, you must file with the Court a letter from the local group that agrees to sponsor you. The letter should indicate the following:

- A willingness to supervise you;
- The Company/Agency Name, Address, Phone, Logo, Non-Profit Status, and 501C3 number;
- Contact Person's name and direct phone number;
- Duties you will be performing and what hours you will tentatively work in a specific time frame.

Prior to any hours worked the Court must approve your Community Restitution plan. (See attached forms). You will NOT be given credit for hours worked on Community Restitution that was not pre-approved by this court.

- You may not receive any compensation for your community restitution.
- Community restitution performed must begin on or after your judgment date. You will not receive credit for community restitution performed prior to the judgment date.
- Community restitution must be for hours performed for this court **only**.

Community restitution is credited at \$13.50 per hour. Community restitution may be performed at any hour of the day and anywhere within the State of Washington. It is your responsibility to keep track of your hours and ensure they are submitted and credited to your account.

(Step 4) FILE PROOF WITH THE COURT

In order to be given credit for hours worked you must file with the Court written documentation/verification from the non-profit that accepts you.

HOURS MUST BE COMPLETED BY _____
NAME _____ **CASE #** _____

DATE	TIME IN	TIME OUT	TOTAL HRS WORKED	SUPERVISOR INITIAL

TOTAL HOURS WORKED _____

Supervisor's Name (printed)

RETURN TO:
FIFE MUNICIPAL COURT
3737 PACIFIC HWY E, STE 100
FIFE, WA 98424

Supervisor's Signature (required)

Agency

COMMENTS:

Phone No: _____