



OFFICE OF THE STATE'S ATTORNEY FOR WORCESTER COUNTY  
BEAU H. OGLESBY, STATE'S ATTORNEY

**Community Service Program**  
**Mallory F. Eckman, Coordinator**  
[meckman@co.worcester.md.us](mailto:meckman@co.worcester.md.us)  
**410-632-4412**  
[www.worcestersao.com](http://www.worcestersao.com)

**Application for Community Service Program – Adult**  
**DO NOT USE THIS FORM IF YOU RECEIVED COMMUNITY SERVICE IN COURT**

To determine if you are eligible to perform voluntary Community Service, instead of appearing for trial, mail this form and your citation or a photocopy to the State's Attorney's Office at the address below. If accepted, you will be notified by mail. This application is time sensitive. **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 not received your trial date, please sign up immediately. If your court date is close, you may have to appear in court to request the community service.

**A one-time application fee of \$100.00 is due with your application. Money Orders Only! All money orders are made payable to Worcester County. No cash, checks or credit cards accepted.**

**Citation or Case No:** \_\_\_\_\_ **Trial Date:** \_\_\_\_\_ **SH/Ocean City**

**Name:** \_\_\_\_\_  
**Last First Middle**

**Mailing Address:** \_\_\_\_\_  
**Street City State Apt. Number Zip Code**

**Date of Birth:** \_\_\_\_\_ **Phone Numbers:** \_\_\_\_\_ / \_\_\_\_\_  
**Home Cell**

(You must be 18 at the time of the alleged Offense) Revised 5/31/17

\*\*\*\*\*

**For Official Use Only**

**CS Offered By/Date:** \_\_\_\_\_ / \_\_\_\_\_ **Hours/Fee:** \_\_\_\_\_ / \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**Guidelines Mailed/Faxed/E-Mailed:** \_\_\_\_\_

**Fee Received:** \_\_\_\_\_ **Letter Received:** \_\_\_\_\_ **CS Completed:** \_\_\_\_\_

**Defense Attorney:** \_\_\_\_\_ **Case Closed:** \_\_\_\_\_

**Remarks:**