



**MIKE HAMMOND**  
 CLERK OF THE CRIMINAL, GENERAL SESSIONS-  
 CRIMINAL & FOURTH CIRCUIT COURT




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**Knox County Community Service Program  
 Acknowledgement Statement**

Participant Name:

Date of Birth:

IDN:

I have read and reviewed the rules and requirements of the Knox County Community Service Program.

I understand and agree to comply with the rules and requirements of the Knox County Community Service Program.

Participant Name (Please Print)

Participant Signature

Date

Community Service Program Director/ Field Student

Date

**APPLICATION APPROVAL DATE:**

**MANDATORY START DATE:**

**NUMBER OF REQUIRED HOURS:**

**REQUIRED PROGRAM COMPLETION DATE:**

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***You are required to report your progress to this office monthly. Progress reports shall be made no later than the 30<sup>th</sup> day of each month. All progress reports shall be made in person at the front counter of the General Sessions Court – Criminal Division Clerk’s Office between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday.***

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