

COURT-APPOINTED COMMUNITY SERVICE

Name: _____ Case #: _____

Please allow this form to serve as verification that court-appointed community service hours have been completed by the above named person at the following government or nonprofit agencies.

This section to be completed by employees of government or nonprofit organization served

I am authorized to represent the registered government or nonprofit agency: _____
with tax ID #: _____ and verify that the above mentioned person completed _____ hours of
service doing: _____ on date(s): _____
Supervisor Signature: _____ Phone: _____

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with tax ID #: _____ and verify that the above mentioned person completed _____ hours of
service doing: _____ on date(s): _____
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service doing: _____ on date(s): _____
Supervisor Signature: _____ Phone: _____

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I am authorized to represent the registered government or nonprofit agency: _____
with tax ID #: _____ and verify that the above mentioned person completed _____ hours of
service doing: _____ on date(s): _____
Supervisor Signature: _____ Phone: _____

DEFENDANT VERIFICATION:

I have completed the community service hours listed above for a total of _____ hours.

Defendant's signature: _____ Date: _____

*Original form must be returned to the court.