

# Judicial Community Service Requirement

Date:

Case Number:

Defendant Name:

The individual named above is hereby required to complete the following total hours of community service:  hours.

Community Service Must Be Completed At:

Deadline for Completion:

## Certification of Completion

To be completed by the community service supervisor.

Supervisor Name:

Organization:

Phone:

Number of Hours Completed:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Court Use Only

Verified By:

Date Verified: