

55TH DISTRICT COURT

COMMUNITY SERVICE WORK VERIFICATION FORM

Falsification of this form is a violation of Court Order

Worker's Name and Case Number	
Number of Hours Required	
Due Date	

Agency Name			
Agency Address			
Agency Telephone Number		Agency Tax ID Number	
Agency Supervisor			
Duties Performed			

Date	Start and End Time	Number of Hours	Signature of Supervisor
Total Number of Hours Completed			

I certify that this is a non-profit organization. Neither the agency nor defendant received financial compensation for completion of these hours. I affirm that this form is verification that the work listed above was performed under my supervision. I recognize that falsification of this form could be the basis for contempt of court proceedings being initiated.

Signature of Supervisor	
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Please direct concerns regarding Community Service Work to the 55th District Court Probation Department at (517) 676-8422.