

CIRCUIT COURT CRAWFORD COUNTY
FORTY-SECOND JUDICIAL CIRCUIT

COMMUNITY SERVICE REPORT

DUE DATE: _____

I understand that I have been ordered by the Court to perform _____ hours of community service work for no pay as a condition of my probation OR to satisfy outstanding court costs.

I am further aware that in performance of this voluntary service, I am not deemed to be an employee of such organization or agency, and therefore, I am not covered by the organization or agency for which the service is performed under unemployment or workers compensation insurance.

Date

Community Service Volunteer

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The above named person has successfully performed _____ hours of community service work as recorded in detail on the **REVERSE** side of this form.

I CERTIFY THAT ALL INFORMATION, BOTH FRONT AND BACK OF THIS FORM, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of person making certification

Date

Organization Name

Phone Number

Address

*****Community Service Work TO BE performed for city, county, state agencies OR other non-profit or charitable organizations for which no pay is received by the person performing such service.**

Case #:

DATE	TIME STARTED	TIME STOPPED	JOB DESCRIPTION	SUPERVISOR INITIALS	TOTAL HOURS

TOTAL HOURS WORKED FOR THIS REPORT: _____