



Court Enforcement Division
 Gilbert Municipal Court
 55 E. Civic Center Dr.
 Gilbert, Az. 85296
 (480) 635-7800

COMMUNITY SERVICE REPORTING FORM

The purpose of this form is to verify community service work performed **for a non-profit agency as allowed on the Community Service Instructions**. By submitting this to the Gilbert Municipal Court, you certify that the information contained is true and accurate. All information submitted will be carefully reviewed and verified with the non-profit agency. Each sheet is to include hours performed for one non-profit agency only. If you require additional forms for hours completed at another agency, you can find them online at <http://www.gilbertaz.gov/court> Please PRINT and fill out all information completely and submit the **ORIGINAL** document to the Court either in person or by mail.

Defendant Name: _____

DOB: _____

Case number(s): _____

Non-Profit Agency: _____

Address: _____

Phone: _____

Person Supervising: _____

Email Address: _____

DATE	TIMES (To – From)	DUTIES	TOTAL HOURS

I, _____, certify that I am authorized to represent the nonprofit agency _____ and further certify that the hours/duties above are accurate and correct.

*Please understand the Court’s Enforcement Division will be following up to verify these hours.

Signature

Phone

Date