

## COMMUNITY SERVICE COMPLETION FORM (9/09)

Name \_\_\_\_\_ Case # \_\_\_\_\_

Total # Hours Assigned \_\_\_\_\_ Completion Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Placement Agency \_\_\_\_\_ Location \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

DATE	AGENCY	# OF HRS.	SUPERVISOR SIGNATURE	PHONE #
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
<b>TOTAL HOURS COMPLETED</b>			<i>Always be sure to verify that the court accepts your host agency placement to ensure any hours served are counted toward your court order.</i>	

*Always verify court acceptance of placement to ensure that host agency is accepted by court for hours served*