# COMMUNITY SERVICE REFERRAL LETTER

\*Docket #: \*Name: \_

TO THE DEFENDANT:

COURT ORDERED COMMUNITY SERVICE HOURS MUST BE COMPLETED WITH A 501(C)(3) NON-PROFIT ORGANIZATION. FOR-PROFIT ORGANIZATIONS DO NOT QUALIFY. COMMUNITY SERVICE MAY NOT BE COMPLETED ONLINE.

To be completed by the community service organization:

NAME OF ORGANIZATION: IRS 501(c) (3) Tax ID: ADDRESS: CONTACT PHONE NUMBER:

This letter is to confirm that the above named person completed \_ hours of community service on , 20 .

\*PRINT NAME OF SUPERVISOR:

\*SUPERVISOR SIGNATURE:

**IT IS THE DEFENDANT’S RESPONSIBILITY TO RETURN THIS FORM TO THE COURT.**

# Thank you for your participation. Please call the court if you have any questions about our community service program.