COMMUNITY SERVICE COMPLETION REPORT

NAME:

ARVADA MUNICIPAL COURT
8101 Ralston Rd
Arvada, CO 80001
(720) 898-7164 (FAX)

CASE #:

COMMUNITY SERVICES HOURS TO BE COMPLETED: hours due by _____ .

As a result of your Municipal Court disposition, you have been sentenced to perform community service. This sheet must be filled out and returned to the Arvada Municipal Court by your court-ordered due date, 8101 Ralston Rd., Arvada, CO 80001 to receive credit for your work.

_____***I understand that I must do my community service hours at a NON-PROFIT organization. Furthermore, I understand that if I do not complete my community service at a NON-PROFIT agency, I will be required to do the community service again.***

It is your responsibility to contact the agency to schedule your work days/hours. Contact the agency as soon as possible so that required hours can be scheduled for completion before your court-ordered due date.

JOB SITE/AGENCY: _____

ADDRESS: _____

SUPERVISOR NAME, TITLE & PHONE NUMBER: _____

Job site supervisor please record each day's work hours. If the defendant fails to appear for scheduled hours, please indicate this with 'FTA' for that day.

DATE	HOURS	SUPERVISOR	DATE	HOURS	SUPERVISOR

I certify that the above named individual has completed the hours and services previously listed.

_____ _____
SIGNATURE DATE

Comments you would like to share with the court (agency or worker):

_____
_____
_____

Note to Defendant: Failure to comply with conditions of sentencing is considered contempt of court and may result in a warrant for your arrest.