

COMMUNITY SERVICE

Ryan Brunk
Prosecuting Attorney

Pam Boyd
Probation Officer

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT PAM BOYD, AT
(937) 456-1558 OR (937) 456-4941**

I understand that I have been given the opportunity to do _____ hours of Community Service at a Non Profit organization within Preble County, Ohio.

I will do my Community Service for: _____.

I must bring verification of completion of these hours to the Court by:

Date: _____ at: _____ am/pm.

I will keep this paper in my possession and have the above named employer fill out the completion of my hours.

Name: _____

Address: _____
Street State Zip

Phone Number(s): _____

Case No.: _____ Charge: _____

Employment Status: _____

Date	No. of Hours	Supervisor's Signature	Organization	Phone No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Defendant

Verification by Probation Officer