COMMUNITY SERVICE

Jill Richards
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