**COMMUNITY SERVICE COMPLETION FORM**

Name Case #

Total # Hours Assigned\_ Completion Due Date / /

Placement Agency Location

Supervisor Phone

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