
Administrative Form 1.11-Community Service Work Program

FIELD(SubDoc:Header)To: KEYBOARD(Enter Name of Contact Person)
KEYBOARD(Enter Name of Organization/Agency)
KEYBOARD(Enter Address)

Re: **COMMUNITY SERVICE WORK PROGRAM**

Date: September 16, 2000

This court on KEYBOARD(Enter Date) ordered FIELD(Party First Name)FIELD(Party Last Name) to complete KEYBOARD(Enter Number of Hours of Community Service) hours of community service.

The docket or ticket number is: FIELD(Case Number).

COMMUNITY SERVICE IS IMPOSED IN LIEU OF:

FINES: [] FEES: [] COSTS: []

After completion of community service, please sign and date this form and return it to the magistrate court to indicate that the order has been completed. If the defendant does not successfully complete community service, please contact the court immediately.

DATE COMPLETED: _____

(Signature)

(Title)

ENDRECORD