

**COMMUNITY SERVICE**

**Jill Allen**  
**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

