



**CERTIFICATE OF PERFORMANCE  
OF COMMUNITY SERVICE**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

This will certify that \_\_\_\_\_ has performed community service  
(Defendant's Name)  
at the direction of \_\_\_\_\_ as follows:  
(Court)

1. The nature of the supervised community service has been:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Such service has been performed at the following times:

COLUMN I		COLUMN II		COLUMN III	
Date	No. Hours	Date	No. Hours	Date	No. Hours
Total Hours: _____		Total Hours: _____		Total Hours: _____	
<b>TOTAL COLUMNS I, II AND III: _____</b>					

**OR**

3.  Defendant failed to complete community service as court ordered.

This will further certify that throughout the period of the Defendant's community service this organization has at all times remained a public agency, nonreligious-sponsored nonprofit, charitable, or service organization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Organization/Title

**FOR COURT USE:**

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk

By: \_\_\_\_\_  
Deputy Clerk