

BOULDER MUNICIPAL COURT
 1777 6th Street, P.O. Box 8015
 Boulder, CO 80306
(303) 441-1842
 (303) 441-4233 (FAX)

COMMUNITY SERVICE COMPLETION REPORT

Defendant Name:			
Probation Officer:		Case #:	
Completion Due Date:		Hours to be completed:	

If you have any questions about completing your community service, contact your Probation Officer at 303-441-1842.

AGENCY SUPERVISOR: *Please record each day's work hours below. If the defendant fails to appear for scheduled hours, please indicate this with 'FTA' for that day. By signing your name, you certify that the above named individual has completed the hours listed for each associated date.*

AGENCY:	CU Volunteer Resource Center	AGENCY ADDRESS:	UMC 358
DATE	HOURS	SERVICE PERFORMED	SUPERVISOR SIGNATURE
		VRC Orientation	
		VRC Match Meeting	

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION <i>(Excellent, Good, Fair or Poor)</i>

Supervisor Signature: _____ Date: _____

Supervisor Comments: _____

If you choose to do your community service hours at more than one site or if you do more hours than the space above allows, use the additional spaces on the back of this form to fill in your additional hours.

TOTAL NUMBER HOURS COMPLETED AT ALL SITES: _____

I declare that I have completed the total hours of community service listed above.

Defendant's Signature: _____ Date: _____

This defendant has completed the total hours of community service listed above.

VRC Supervisor Signature: _____ Date: _____

AFTER VRC APPROVAL - TURN THIS COMPLETED FORM INTO BOULDER MUNICIPAL COURT AND VERIFY THAT IT WAS RECEIVED. Failure to comply with conditions of sentencing is considered contempt of court and may result in a warrant for your arrest, a hold on your driver's license and/or additional fees up to \$1,000.

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION <i>(Excellent, Good, Fair or Poor)</i>

Supervisor Signature: _____ Date: _____

Supervisor Comments: _____

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION <i>(Excellent, Good, Fair or Poor)</i>

Supervisor Signature: _____ Date: _____

Supervisor Comments: _____
