

MID-MICHIGAN REGIONAL SPECIALTY COURT

CLINTON | GRATIOT | IONIA | MONTCALM

COMMUNITY SERVICE VERIFICATION

Name: _____ Phone: _____

Hours Ordered: _____ Due Date: _____

Place: _____

Supervisor: _____ Phone: _____

Duties Performed: _____

THIS SECTION TO BE FILLED OUT BY COMMUNITY SERVICE SUPERVISOR ONLY!

Date Worked	Times Worked (ie 5pm – 7pm)	Supervisor Signature

Supervisor comments: _____
