

Delaware County Community Service 201 West Front St Media, PA 19063-2752 610-891-4591

COMMUNITY SERVICE COMPLETION FORM Updated 4-11-2023

SECTION ¹ – COMMUNITY SERVICE	E CLIENT INFORMATION	(to be completed by CS Client)
Date: Docket Numb	per: DOB:	·
Client Name:		
Last	First	# CS HRS ORDERED
Address:		
Phone:	Email Address:	
<u>SECTION 2 – NON-PROFIT ORGAN</u>		
Organization Name:		
Address:		
Contact Person/Supervisor:		Title:
Phone:	Email:	
Nature of work to be done:		
Email the signed, completed	d 2 page forms to: <u>CServ</u>	ice@co.delaware.pa.us

OR

Mail to: 201 W. Front St. Media, PA 19063---Attn:Adult Probation and Parole



Delaware County Community Service 201 West Front St Media, PA 19063

Please Note: You <u>MUST</u> perform your community service at a NON-PROFIT organization. You also CANNOT work at the NON-PROFIT Organization. If we determine it is NOT a NON-PROFIT OR that you are an employee, whatever service you performed will NOT count and you will still have your original hours to complete.

Community Service Client Name:_	Docket #_	
---------------------------------	-----------	--

SECTION 3 – HOURS COMPLETED AND SUPERVISOR APPROVAL

DATE	HOURS	SUPERVISOR	DATE	HOURS	SUPERVISOR

I VERIFY THAT I HAVE COMPLETED	 HOURS OF COMMUNITY SERVICE.

Client Signature

Date

THE ABOVE NAMED INDIVIDUAL HAS COMPLETED ______ HOURS OF WORK IN A SATISFACTORY MANNER.

Name of Organization: _____

Phone:_____

Address: _____ Email: _____

Signature of Supervisor or person verifying hours:

² | Page