



OFFICE OF THE DISTRICT ATTORNEY

DELAWARE COUNTY COURTHOUSE

MEDIA, PENNSYLVANIA 19063

(610) 891-4161

TANNER ROUSE
DISTRICT ATTORNEY

COMMUNITY SERVICE APPLICATION/COMPLETION FORM

SECTION 1 – To be completed by the ARD Participant or his/her attorney.

NAME: _____ DOCKET # _____

DOB: _____ PHONE # _____

DEFENSE COUNSEL: _____

DEFENSE COUNSEL'S PHONE AND EMAIL: _____

DATE PLACED INTO ARD: _____ NUMBER OF HOURS TO BE COMPLETED: _____

SECTION 2 – This information should be provided by a representative of the organization where the Community Service will be performed.

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

NATURE OF SERVICE TO BE PERFORMED: _____

Community Service Organizations should be located within and/or serve Delaware County to the extent possible; please check with the ARD Unit or Adult Probation for a list of currently approved community service locations. **You may propose a new community service location but it must be approved by the DA's Office in advance. If you have any questions or need assistance, please ask your attorney. The DA's Office will notify your attorney of approval or any problems with this application.****

RETURN THIS FORM (this page only) to DDA Michael Hill, Chief of ARD Unit, hillm@co.delaware.pa.us and wait for approval before starting your community service.

(Do not write below this line)

Approved by District Attorney's Office: _____

COMMUNITY SERVICE APPLICATION/COMPLETION FORM, PAGE 2-TOTAL HOURS

Your Name: _____ Docket # _____

Community Service Organization: _____

HOURS COMPLETED AND SUPERVISOR APPROVAL*

Date	Hours	Supervisor's Signature	Date	Hours	Supervisor's Signature

*Please use additional sheets if necessary.

I VERIFY THAT I HAVE COMPLETED _____ HOURS OF COMMUNITY SERVICE AS DESCRIBED IN THIS COMPLETION FORM.

Signature of ARD Participant Date

ORGANIZATION'S VERIFICATION (to be completed by your Community Service Supervisor)

THE ABOVE-NAMED INDIVIDUAL HAS COMPLETED _____ HOURS OF COMMUNITY SERVICE IN A SATISFACTORY MANNER.

Supervisor's Name: _____ Title: _____

Phone: _____ Email: _____

Supervisor's Signature: _____ Date: _____

WHEN ALL COMMUNITY SERVICE HOURS ARE COMPLETED, THIS FORM IS TO BE RETURNED TO YOUR PROBATION OFFICER.

(Do not write below this line)

Approved by District Attorney's Office: