

STATE OF MAINE

- UNIFIED CRIMINAL DOCKET
- SUPERIOR COURT
- DISTRICT COURT

County: _____
 Location: _____
 Docket No: _____

STATE OF MAINE

Proof of Community Service/Public Service Performed

v.

 Defendant

Section 1 – To be completed by community/public service work (C/PSW) participant

Name: _____
 Date of Birth: _____
 Total number of hours needed: _____
 To be completed by: _____

Section 2 – To be completed by Organization

Organization Name, Address & Telephone:

Supervisor Name & Telephone:

Itemization of days and hours worked by C/PSW participant: (attach a separate sheet if needed)

C/PSW participant's work performance was: Highly satisfactory Satisfactory Unsatisfactory

Comments: _____

Date: _____

 for the Organization

 Printed Name