

MAINE JUDICIAL BRANCH

STATE OF MAINE

DISTRICT COURT

Location (Town): _____

V.

Docket No.: _____

Juvenile

PROOF OF COMMUNITY SERVICE/PUBLIC SERVICE PERFORMED

Juvenile's Name: _____ Date of Birth (mm/dd/yyyy): _____

Total number of hours needed: _____ Required date of completion (mm/dd/yyyy): _____

Organization Information:

Organization name: _____

Address: _____

Telephone number: _____

Supervisor's name: _____ Telephone number: _____

Itemization of days and hours worked (attach a separate sheet if needed):

Date of service (mm/dd/yyyy): _____ Hours Completed: _____

Date of service (mm/dd/yyyy): _____ Hours Completed: _____

Date of service (mm/dd/yyyy): _____ Hours Completed: _____

Date of service (mm/dd/yyyy): _____ Hours Completed: _____

Date of service (mm/dd/yyyy): _____ Hours Completed: _____

The participant's work performance was: Highly Satisfactory Satisfactory Unsatisfactory

Comments:

Date (mm/dd/yyyy): _____



Organization's Supervisor

Printed Name

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation contact the Court Access Coordinator, accessibility@courts.maine.gov, or a court clerk.

Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.