

**In the Butler County Area I, II and II Courts
Butler County, Ohio**

State of Ohio,	:	Case No. _____
	:	
Plaintiff	:	
	:	<u>COMMUNITY SERVICE</u>
	:	<u>WORK FORM</u>
- vs -	:	
	:	
_____	:	
	:	
Defendant	:	

In signing this form I agree to complete _____ hours of community service. I understand that this assignment must be completed and verification must be returned to the court by _____. I understand that the court will call the organization where I worked and verify that I performed the required number of hours of community service.

~~/s/~~ I am NOT required to appear in court, if this form is returned to the court on time.

~~/s/~~ I AM required to appear in court on _____ and to return this form to the court on time.

I understand that a **warrant for my arrest** will be issued if I fail to return this form to the court on time and/or fail to report to the court as ordered by the judge. I agree that I have read and that I understand these instructions and that I have received a booklet of community service opportunities in Butler County.

_____	_____
Signature of Defendant	Date

HAVE A PERSON AT THE COMMUNITY SERVICE ORGANIZATION
YOU CHOOSE COMPLETE THE REVERSE OF THIS FORM.

IN THE BUTLER COUNTY AREA I, II AND III COURTS
BUTLER COUNTY, OHIO

Name of Community Service Organization: _____

Date	Hours Completed	Supervisor's Name	Supervisor's Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Community Service Organization: _____

Date	Hours Completed	Supervisor's Name	Supervisor's Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Community Service Organization: _____

Date	Hours Completed	Supervisor's Name	Supervisor's Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____