

**COMMUNITY SERVICE PROGRAM
Referral Form**

Name: _____	
Address: _____	Phone #: _____
Hours Required: _____	Completion Deadline: _____
Offense: _____	
Education: Some High School: _____ High School Graduate/GED: _____ College Graduate: _____	
Special Skills or Interests: _____	
U.S. Probation Officer: _____	Phone #: _____
Address: _____	

You have been ordered by the United States District Court to perform _____ Hours of community service work. Each month beginning _____, you will perform no less than _____ Hours per month until the obligation is satisfied in full. You will submit verification of the hours performed on the form provided, along with your written monthly report by the fifth day of each month.

I agree to perform the community service hours as outlined above and to perform my duties with a positive and respectful attitude. I understand it is my responsibility to explain and document any absences to the satisfaction of both the agency and the United States Probation Office. If absent, I will call the agency coordinator or supervisor at or before my scheduled starting time. Unexcused absences from community service work may lead to my termination from the program. I understand that failure to comply with these instructions is a violation and could result in revocation of my supervision. If for any reason I am unable to complete the required hours, I will contact my probation officer immediately.

_____	_____
Offender	Date
_____	_____
United States Probation Officer	Date