



COMMUNITY SERVICE - WORK COMPLETION & CERTIFICATION FORM -

TO: Meskwaki Tribal Court
307 Meskwaki Road
Tama, IA 52339

Tribal Court Case No/s: _____

I, (Supervisor's/Administrator's Name) _____, of (print name of organization or company) _____, located at (mailing address of organization/company) _____ hereby certify under penalty of perjury that (name of Community Service Worker) _____ has successfully completed a Total of _____ hours of Community Service Work with the organization named above.

Sub-total of Hours Worked

Separate Date/s and hours worked:

Date: _____	Hours _____
Date: _____	Hours _____
Date: _____	Hours _____
Date: _____	Hours _____
Date: _____	Hours _____
Date: _____	Hours _____
Date: _____	Hours _____
Date: _____	Hours _____

Additional Information I would like the Court to know:

Signed,

Signature of Supervisor/Administrator

Date

Job Title: _____
Phone Number: _____
Fax Number: _____

Hours/Days of week I am available to receive a follow-up call for confirmation of this document

CLERK Provides Copies To:

Prosecutor's Office _____
 Clerk of Tribal Court _____
 Def/Def. Atty _____
 Tribal Probation Officer _____
 Other _____

Clerk's Initials _____ On Date: _____
Delivery By: Mail _____ Fax _____ E-mail _____