UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

COMMUNITY SERVICE/PARTICIPANT VERIFICATION
(prepare a separate verification form for each agency you perform community service for)

Case Name: **United States v.**_____

Case Number(s): _____

Total Hours Ordered: _____ **by** _____
(Date to be completed by)

Agency:_____ **Address:** _____

Agency Contact Information (for verification-Telephone/Email):_____

Date	Number of Hours	Agency Representative (Please Print)	Verified By: (Signature)

TOTAL HOURS:_____

The purpose of this form is to confirm the above-mentioned individual's community service work performed. The person signing this form, confirming community service hours completed, may be contacted.

I declare under penalty of perjury that the forgoing is true and correct

_____
De**fendant's Signature**

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CAED (Fresno)- Misd. 7