***UNITED STATES DISTRICT COURT***

***EASTERN DISTRICT OF CALIFORNIA***

**COMMUNITY SERVICE/PARTICIPANT VERIFICATION**

**(Prepare a separate verification form for each non-profit 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Date** | **Number**  **of Hours** | **Agency Representative**  **(Please Print)** | **Verified By:**  **(Signature of Non-Profit)** |
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**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

**Defendant’s Signature**