AOC-SPC-47
Rev. 1-23

Commonwealth of Kentucky
Court of Justice *www.kycourts.gov*

SPECIALTY COURT
COMMUNITY SERVICE VERIFICATION

_____ District/Circuit Court
Criminal Branch
_____ Division
Specialty Court

Participant: _____
(printed name)

RE: Community Service Volunteer hours

Community Service Period Beginning: _____, 2_____ and Ending: _____, 2_____

Agency/Organization Name and Location	Date and Total Hours Worked	Performance Satisfactory/Unsatisfactory	Signature of Community Service Coordinator

Print Form **Reset Form**