

# Tenth District Court of Michigan

## Calhoun County, Michigan

Justice Center  
161 E. Michigan Ave.  
Battle Creek, MI 49014

### COMMUNITY RESTITUTION REFERRAL

Name:		
Case No:	Phone No:	No. of Hours:
Address:		
City/State/Zip:		
Assigned Agency:		
Address:		
City/State/Zip:		
Contact:	Phone No:	
Date:	Time:	
Other:		

The above-named individual has been instructed to contact you and to complete the court-ordered work hours during the per-arranged times and dates. Please notify this office when the number of hours has been completed by filling out the information on the attached sheet, and return this form to us. If for any reason s/he fails to report regularly for work or is uncooperative, please telephone us.

Probation Officer:	Phone:	Complete Date:
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Name:				Case No:		No. Hours:	
DATE	WORK RECORD HOURS			TOTAL HOURS	JOB DESCRIPTION		SUPERVISOR'S SIGNATURE
		to					

**PLEASE CHECK ONE**

\_\_\_\_\_ the individual has fully completed his/her work assignment.

\_\_\_\_\_ the individual has completed \_\_\_\_\_ hours of his/her work assignment.

**COMMENTS:**

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AGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_