



**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 WHOLE OR HALF Hours Worked

Separate Date/s and hours worked:

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

Additional Information the Court should know (job performance, clarifications, etc.) :

Signed:

Date

Signature of Supervisor

Job Title: _____

Phone Number: _____

Fax Number: _____

CC: Prosecutor / Probation Office