



Tukwila Municipal Court

15005 Tukwila International Blvd, Tukwila, WA 98188 phone: (206) 433-1840 fax: (206) 433-7160

COMMUNITY SERVICE VERIFICATION FORM

If you are to perform community service as a condition of sentence or in lieu of paying your fine or penalty, you must adhere to the following rules:

- 1. Community service must be performed at a NON-PROFIT organization such as a public school, church, Red Cross, food bank, etc. The agency's non-profit status will be verified before credit is given. Certain retirement/nursing homes may not qualify as non-profit. On-line community service will NOT be accepted.
2. You may not receive compensation for your service.
3. Community service performed must begin on or after you judgment date. You will not receive credit for community service performed prior to your judgment date.
4. Community service must be filed with the court on or before the due date.
5. The agency with which you perform the service must complete this form and the check sheet (on the back of this form). As an alternative, the agency may use their letterhead; however, it must contain all the information on the bottom of this form. The individual who certifies your service must also certify the agency is non-profit.
6. When community service is in lieu of a fine, your service may be credited at \$15.00 per hour. It may be performed at any hour of the day and anywhere within the State of Washington. You must have prior written permission from the Judge to perform the community service with a non-profit organization outside of Washington. It is your responsibility to keep track of your hours and ensure they are submitted and credit to your account.

This section is to be completed by a representative from the non-profit agency.

This is to certify that _____ has completed

_____ hours of community service during the period of _____ to _____.

I verify that _____ is a non-profit organization in Washington State.

(Agency Name)

Agency's UBI/Tax ID #: _____

Agency's Address: _____

Print Representative's Name: _____ Title: _____

Representative's Signature: _____

Telephone: _____ Due back to the Court by: _____

Defendant's Name _____ Case #: _____

VERIFICATION OF SERVICE HOURS

| DATE | TIME IN | TIME OUT | TOTAL HOURS WORKED | SUPERVISOR'S INITIALS |
|------|---------|----------|--------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOTAL HOURS WORKED: _____

Comments:

Defendant's Name _____ Case #: _____