

# Kane County Justice Court

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TO WHOM IT MAY CONCERN:

The individual presenting this document has been ordered or given the opportunity to complete community service for a public entity, such as, a STATE, COUNTY, CITY, TOWN, SCHOOL DISTRICT, CHAPTER HOUSE, HOSPITAL, HOMELESS SHELTER, SENIOR CITIZENS CENTER, ETC. The number of hours ordered and how proof of community service is submitted to the Court are set forth in a Court document in the Defendant's possession.

This community service must be satisfactorily performed according to your schedule.

## COMMUNITY SERVICE REPORT

DATE	HOURS COMPLETED	DATE	HOURS COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL HOURS COMPLETED:** \_\_\_\_\_

This work was done:  Satisfactory  Unsatisfactory

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE (Supervisor) \_\_\_\_\_

TITLE \_\_\_\_\_

NAME OF AGENCY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_