

Attorney or Party without Attorney: Name: Address: Phone:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF DEL NORTE 450 H STREET CRESCENT CITY, CA 95531	
People of the State of California, Plaintiff vs Defendant.	CASE NUMBER OR TICKET NUMBER:
Defendant's Declaration and Proof of Completion of Court Ordered Community Service	

Instructions:

1. Complete, date and sign this form as proof that you completed the required number of hours of community work service hours as set forth pursuant to court order or per statute. The Non-Profit Agency Tax Identification Number must be complete or the Proof of Completion will be rejected.
2. Attach a letter from the volunteer organization where you performed the community service. An authorized representative of the organization must sign the letter and state the dates and number of hours of community service you performed. The letter must be on the organization's letterhead stationery.
3. The court must receive the signed form and the organization letter on or before the completion date given to you by the Judicial Officer or court clerk. If you are unable to complete your hours by the deadline, contact the court clerk's office before your due date to request a one-time extension.

1. Defendant's name: _____
2. Name of Non-Profit Agency: _____
 Non-Profit Agency Tax Identification Number: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
3. Proof of completion of Community Work Service from Non-Profit Agency is attached.

I declare under penalty of perjury of the laws of the State of California that the information contained in this form is true and correct, and I personally performed the required number of community service hours set forth in the attached Proof of Completion.

Date: _____ Defendant's Signature: _____
 Number of Pages Attached: _____