

**BOULDER MUNICIPAL COURT**

1777 6th Street, P.O. Box 8015  
 Boulder, CO 80306  
 (303) 441-1842  
 (303) 441-4233 (FAX)

Name:		Case #:	
Referral:		Referral Date:	
Probation Officer:			

**AGENCY SUPERVISOR:** Please record each day's work hours below. If the defendant fails to appear for scheduled hours, please indicate this with 'FTA' for that day. By signing your name, you certify that the above named individual has completed the hours listed for each associated date.

AGENCY:	CU Volunteer Resource Center	AGENCY ADDRESS:	UMC 458 Phone:(303) 735-4496
DATE	HOURS	SERVICE PERFORMED	SUPERVISOR SIGNATURE
		VRC Orientation <i>(Must complete within 7 days of Referral Date)</i>	

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	
DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION <i>(Excellent, Good, Fair or Poor)</i>

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you choose to do your community service hours at more than one site or if you do more hours than the space above allows, use the additional spaces on the back of this form to fill in your additional hours.

**TOTAL NUMBER HOURS COMPLETED AT ALL SITES:** \_\_\_\_\_

*I declare that I have completed the total hours of community service listed above.*

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This defendant has completed the total hours of community service listed above.*

VRC Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR HOURS MUST BE APPROVED BY THE VRC OR THEY WILL NOT BE ACCEPTED BY THE COURT.**

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION <i>(Excellent, Good, Fair or Poor)</i>

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION <i>(Excellent, Good, Fair or Poor)</i>

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_