

**COMMUNITY SERVICE  
WORK VERIFICATION FORM  
NON-PROFIT ORGANIZATIONS ONLY**

TO BE COMPLETED BY SUPERVISOR:

C.S.WORKER'S NAME: \_\_\_\_\_ CASE# \_\_\_\_\_

NAME OF NON-PROFIT ORGANIZATION: \_\_\_\_\_

ADDRESS OF NON-PROFIT ORGANIZATION: \_\_\_\_\_

TELEPHONE OF ORGANIZATION/PERSON SIGNING: \_\_\_\_\_

SIGNATURE OF SUPERVISOR: \_\_\_\_\_

PRINTED NAME OF SUPERVISOR: \_\_\_\_\_

HOURS REQUIRED TO WORK: \_\_\_\_\_ DATE TO BE COMPLETED: \_\_\_\_\_

HOURS IN LIEU OF:       FINES               JAIL               MANDATORY HOURS

| <u>WORK SCHEDULE<br/>HOURS</u> | <u>DATE</u> | <u>TIME IN</u> | <u>TIME OUT</u> | <u>TOTAL</u> |
|--------------------------------|-------------|----------------|-----------------|--------------|
|                                |             |                |                 |              |
|                                |             |                |                 |              |
|                                |             |                |                 |              |
|                                |             |                |                 |              |
|                                |             |                |                 |              |
|                                |             |                |                 |              |
|                                |             |                |                 |              |

TOTAL HOURS \_\_\_\_\_

EVALUATION TO BE COMPLETED BY SUPERVISOR:

| <u>CIRCLE ONE ONLY</u>                       | <u>Exc.</u> | <u>Above</u> |             | <u>Below</u> |             | <u>Poor</u> |
|--|-------------|--------------|-------------|--------------|-------------|-------------|
|  |             | <u>Avg.</u>  | <u>Avg.</u> | <u>Avg.</u>  | <u>Avg.</u> |             |
| 1. Follows instructions                      | 5           | 4            | 3           | 2            | 1           |             |
| 2. Does he/she turn out good quality work?   | 5           | 4            | 3           | 2            | 1           |             |
| 3. Does he/she do his/her share of the work? | 5           | 4            | 3           | 2            | 1           |             |
| 4. Is he/she punctual?                       | 5           | 4            | 3           | 2            | 1           |             |
| 5. Works well with others?                   | 5           | 4            | 3           | 2            | 1           |             |
| 6. Requires minimal supervision or direction | 5           | 4            | 3           | 2            | 1           |             |

DATE OF EVALUATION: \_\_\_\_\_

RETURN TO:      WHITMAN COUNTY CLERK  
                    PO BOX 390  
                    COLFAX, WA 99111-0390

If the defendant fails to appear for scheduled appointment or does not provide the specified services in a satisfactory manner, please contact the Whitman County Clerk's Office at **509-397-6240** immediately.

Failure to perform community service hours in a satisfactory manner will result in these hours being revoked and the option of community service being denied. Jail time and/or fines will be imposed.