COMMUNITY SERVICE REQUEST

STATE OF FLORIDA -Vs-	Case Number:		
Defendent		Citation Number:	
Defendant I am requesting to do Community Service citation(s). The reason for your financial hardship.			e fine/civil penalty imposed on the above listed o" and answer the following questions:
I am unemployed:	Yes	or No	
I work only Part Time:	Yes	or No	How many hours weekly
I have a limited income:	Yes	or No	Monthly Gross Income \$
I am a full time/part time student:	Yes	or No	
Additional Remarks:			
Defendant's Signature			Date
Name:			Date Requested:
Street Address:			_
City: St	ate:	Zip:	
Phone Number:			
Date Defendant notified by mail:		Date	e Community Service Notified:
Date Approved: Date Denied	:	Hearing Offic	per Signature:
Hearing Officer has approved working of of Community Service work to be compl	ff your fine eted by:	e(s) of \$	ff by doing Community Service work. The which converts to hour (within 90 days).

You are directed to the **Community Service Department** of the Court Services located at **6816 Caroline Street** (**Hwy 90**), **Milton, Florida** (**Gavin Purvis** @ **623-0178**). You will be required at that time to pay a <u>\$55.00 intake</u> fee for the program. You will be instructed when and where to do your community service work.

Upon completion of community service hours required, you will bring your completed "TIME SHEET" back to the Community Service Department. You are then personally responsible for providing the Clerks' office with the proof from the Community Service Department/Probation Office of your completed community service hours.