

IN THE DISTRICT COURT FOR THE STATE OF ALASKA
AT DILLINGHAM

() STATE OF ALASKA,)
 () CITY OF DILLINGHAM,)
)
 Plaintiff,)
)
 v.)
)
 _____,)
)
 Defendant.)
 _____)

CASE NO. _____ CR

TO: Community Work Service Supervisor

Please complete this form and return it to the court upon completion of community work service by the defendant.

STATEMENT REGARDING COMMUNITY WORK SERVICE

I certify that the above-named defendant has completed:

- _____ hours of community work service.
- no community work service.

_____ Date

_____ Signature

_____ Print Name

_____ Agency

RETURN THIS FORM TO:

_____ Address

Dillingham Trial Courts
PO Box 909
Dillingham, AK 99576

_____ Phone

I certify that on _____
a copy of this statement of work completed
was given to the defendant.

Clerk: _____