

**FORD COUNTY COURT SERVICES**  
**COMMUNITY SERVICE WORK HOUR VERIFICATION FORM**  
 (Not-for-Profit and/or Probation Approved Organizations Only)

THIS FORM IS TO BE COMPLETED AND SUBMITTED BY THE SUPERVISOR.

Worker's Name and Case Number: \_\_\_\_\_

Name of Organization CSW was performed with: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Phone Number of Organization: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

<u>Circle One</u>	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>
Follows Instructions;	5	4	3	2	1
Does s/he produce quality work:	5	4	3	2	1
Does his/her share of the work:	5	4	3	2	1
S/he arrives on time ready to work:	5	4	3	2	1
S/he works well with others:	5	4	3	2	1
Requires minimal supervision:	5	4	3	2	1

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

Date	Task	Time In	Time Out	Total Hours

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND ACCURATE. I UNDERSTAND THAT THIS INFORMATION WILL BE PRESENTED TO THE FORD COUNTY CIRCUIT COURT AS PROOF OF COMPLIANCE WITH A TERM OF SUPERVISION, PROBATION, OR CONDITIONAL DISCHARGE, AND THAT FALSIFYING CSW INFORMATION MAY SUBJECT ME TO PROSECUTION FOR CONTEMPT OF COURT.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

This form must be returned to: Ford County Probation Dept.  
 200 W. State St. or Faxed to: (217) 379-9459  
 Paxton, IL 60957