

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- BANNING** 135 N. Alessandro Rd., Banning, CA 92220 **MURRIETA** 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563
 BLYTHE 265 N. Broadway, Blythe, CA 92225 **RIVERSIDE** 4100 Main St., Riverside, CA 92501
 INDIO 46-200 Oasis St., Indio, CA 92201

RI-CR072

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: _____	

PROOF OF COMPLETION OF COMMUNITY SERVICE

DATE OF COURT ORDER: _____

DESCRIPTION OF COMMUNITY SERVICE	
Name of program: _____	
Address of program: _____	
Program IRS 501(c)(3) license number: _____	Program telephone number: _____

PROOF OF COMPLETION

Defendant (*name*): _____ successfully completed _____ community service hours described above on (*specify date of completion*): _____ .

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DEFENDANT)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)

(TITLE)

<p>- INSTRUCTIONS -</p> <p>UPON SUCCESSFUL COMPLETION OF THE PROGRAM, FILL OUT THE PROOF OF COMPLETION PORTION OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.</p> <p>FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN THE REVOCATION OF YOUR PROBATION.</p> <p>SI USTED NO CUMPLE CON ESTOS REQUISITOS, SU INCUMPLIMIENTO PUEDE RESULTAR EN LA REVOCACION DE SU LIBERTAD CONDICIONAL.</p>
