

**THIS FORM must be submitted to receive credit for Community Service. ANY OTHER FORM WILL NOT BE ACCEPTED.**

Completed forms may be faxed, emailed or mailed to the following address:

**Hamilton County Prosecuting Attorney's Office**

One Hamilton County Square, Suite 134, Noblesville, IN 46060-2229

ATTN: Lisa Pacior, Director of Pre-Trial Diversion

Telephone: 317-776-8415 (voicemail only) Fax: 317-776-8491 Email: lisa.pacior@hamiltoncounty.in.gov

**PRE-TRIAL DIVERSION COMMUNITY SERVICE VERIFICATION FORM**

Offender / Volunteer's Name: \_\_\_\_\_

Address of Offender: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Offense: \_\_\_\_\_

Number of Hours Required by Diversion Program to Complete: \_\_\_\_\_ hours

Name of Organization: \_\_\_\_\_

Date	Time IN	Time OUT	Hours / Mins.	Work Performed	Supervisor's Signature
<b>Total Hours Completed at this Location:</b>				Do not list hours from any other organization on this page. If working at another organization, make copies of this form before entering any information	

**The REPRESENTATIVE of the Non-Profit Organization must READ, COMPLETE, AND SIGN:**

I affirm to the Prosecuting Attorney for Hamilton County, under the pains and penalties of perjury as specified by I.C. 35-44.1-2-1, that the following representations are true:

- My position/title with the above-named organization is \_\_\_\_\_.
- The organization named above is a registered 501(c)(3) non-profit or a municipal/state funded office.
- Check one:
  - I witnessed the above individual volunteer for this organization on the specific dates and times as listed above; **OR**
  - I authorized the individuals whose signatures are affixed above and who are employees of this organization to supervise the volunteer on the dates and times recorded above.

REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

REPRESENTATIVE'S NAME PRINTED: \_\_\_\_\_ Date Signed: \_\_\_\_\_, 201\_