

**LONE TREE MUNICIPAL COURT
 9220 KIMMER DRIVE, SUITE 100
 LONE TREE, CO 80124
 TELEPHONE 303-339-8177
 FAX 303-225-4949**

Case Number: _____ **Supervising Agency:** _____

Defendant Name: _____ **Telephone Number:** _____

Charge: _____ **Completed By:** _____

Date	Time In	Time Out	Hours Worked	Job Description

I, _____ **(Supervisor's Name)** certify that as of
 _____, the above named individual has completed _____ **hours** of Public Service.

Supervisor's Signature: _____

Title: _____ **Date:** _____

To the Non-Profit Organization: The Lone Tree Municipal Court appreciates your participation and efforts. Thank you.

It is the defendant's responsibility to provide the Municipal Court with proof of completions of the community service assigned.

Please notify the Municipal Court Clerk if the defendant fails to report for work, or for any problems you may have in reference to the performance of the assigned community service. Notification can be made by telephone at (303) 339-8177 or in writing at the above referenced address.