

IN THE DISTRICT COURT FOR THE STATE OF ALASKA
FIRST JUDICIAL DISTRICT AT KETCHIKAN

() STATE OF ALASKA,)
() CITY OF KETCHIKAN,)
)
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

Ketchikan Trial Courts
415 Main Street Room 400
Ketchikan, AK 99901

_____ Phone

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

Clerk: _____