DISC Village, Inc.

Community Service Verification

(Adult Civil Citation)

Client's Name: _____ **MIS #:** _____ *(Office Use)*

Number of Hours: _____

Site Location: _____ **Case #:** _____ *(Office Use)*

Site Address: _____

Site Coordinator: _____

Email: _____

Telephone: _____

Date	Arrival Time	Departure Time	Total Hours Worked

Client Signature **Date**

Site Coordinator Signature **Date**