

MIDLAND TEEN COURT COMMUNITY SERVICE CARD

Use this card to verify community service hours. Please complete all blanks.

NAME OF YOUTH: _____

I hereby certify that the above named youth has completed _____ hours of community service (or counseling) by performing the following duties:

AGENCY NAME: _____

PHONE NUMBER: _____

SIGNATURE of COMMUNITY SERVICE SPONSOR / AGENT DATE

NOTE: The youth with a case in Teen Court should have this card signed and return it to the Midland Teen Court Office, 615 W. Missouri, #226, upon completion.

Questions? Contact the Midland Teen Court Office, 689-1065. www.midlandteencourt.org