4th JUDICIAL CIRCUIT COURT – FAMILY DIVISION
WORK RESTITUTION AND COMMUNITY SERVICES
PROGRAM REFERRAL FORM

Date: _____

Name:	_____	DOB:	Age: _____
Cause No.	_____	Offense:	_____
Address:	_____	Phone #:	_____
Probation Officer:	_____	Phone:	_____
Court Ordered Hours:	_____	Restitution:	$ _____
Referral Date:	_____	Review Date:	_____
Emergency Contact:	_____	Phone #:	_____

- **Contact me by _____ to have your Community Service authorized.**
- **You must inform the organization why you are doing community service and they must sign the form below, verifying that you have performed the number of hours stated.**
- **Turn your form into your probation officer when hours are complete.**

Example

Date:	**Organization & Job Performed:**	**Signature & Phone No:**	**Hours:**
10/12/15	***Salvation Army- stocked***	***R. Brown 555-1212***	***2.5***

Comments:

_____

_____

_____

Mail, fax or turn form into me when hours are completed.

Circuit Court - Family Division
312 S. Jackson
Juvenile Probation- 788-4450
Jackson, MI 49201;
Fax: 788-4623