City of Columbia, Plaintiff Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 VS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip

**COMMUNITY SERVICE CONFIRMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Organization)

Hereby confirm that the defendant named above has completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours of community service on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as ordered by the City of Columbia Municipal Court.

 (Date or dates of completion)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone

**DEFENDANT MUST ASSURE THIS FORM IS RETURNED TO:**

 City of Columbia Municipal Court

 600 E. Broadway

 Columbia, Mo 65201 PH: 573-874-7233 FAX: 573-874-7531

 Municipalcourt@como.gov ATTN: Teri

**ALL COMMUNITY SERVICE HOURS WILL BE CONFIRMED. ANY ATTEMPT TO ALTER OR MIS-REPRESENT COMMUNITY SERVICE HOURS COMPLETED MAY RESUT IN ADDITIONAL CHARGES BEING FILED. FOR ADDITIONAL CONFIRMATION FORMS GO TO https://www.como.gov/municipal-court/court-ordered-program**