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](mailto: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**