

**Chesterfield County Juvenile & Domestic Relations District Court**  
**Community Service Attendance Report for \_\_\_\_\_**  
(name of person required to complete service)

The Court required the above named individual to complete \_\_\_\_\_ hours of community service by \_\_\_\_\_ and provide the original of this form to the Clerk's Office within one week of completion.

**Instructions:** This form must be completed by the person who supervises or directs the volunteer work. The **original** must be submitted to the Clerk's Office either in person or by mail within one week of the required date of completion. It is **your responsibility** to ensure the Court receives the Report as requested. The mailing address is as follows:

Chesterfield Juvenile & Domestic Relations District Court  
 Attention: Clerk's Office  
 7000 Lucy Corr Boulevard  
 Chesterfield, VA 23832

**Dates of Service**

**Hours Completed**

Dates of Service	Hours Completed

**Statement by Supervisor**

I, \_\_\_\_\_ (name of supervisor for \_\_\_\_\_ organization), certify that the community service performed by the above named individual is creditable solely to the Chesterfield County Juvenile and Domestic Relations District Court for a total of \_\_\_\_\_ hours. Description of the service provided follows:

\_\_\_\_\_.

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Phone Number or Email Address