



Downtown
535 North Main Wichita, Kansas 67203

Office of the District Attorney
18th Judicial District of Kansas

Juvenile
1900 E Morris Wichita, Kansas 67211

COMMUNITY SERVICE VERIFICATION

This is to certify that _____ has completed
Name

community service hours with _____,
Agency Name

_____, _____
Agency Address , *Agency Phone*

Dates and hours worked are as follows:

DATE	HOURS WORKED	SUPERVISOR SIGNATURE

I declare under the laws of the State of Kansas that the foregoing is true and correct.
Executed on this date, _____.

Supervisor's Signature