

SALINA MUNICIPAL COURT
COMMUNITY SERVICE PROGRESS REPORT

Please check the box that applies: **FINES** **NON-FINES (DIVERSION ONLY)**

Name: _____ Date of Birth: _____ Phone Number: _____

AGENCY				
Business Name: _____ Address: _____ Phone: _____ Contact Name: _____			Any comments: 	
Date	Hours	Task		Supervisor's Signature(s)
AGENCY				
Business Name: _____ Address: _____ Phone: _____ Contact Name: _____			Any comments: 	
Date	Hours	Task		Supervisor's Signature(s)
AGENCY				
Business Name: _____ Address: _____ Phone: _____ Contact Name: _____			Any comments: 	
Date	Hours	Task		Supervisor's Signature(s)

If community service is performed at more than one agency ALL agencies and contacting information must be listed in order for the work to be verified. **ALL FIELDS MUST BE COMPLETED OR HOURS WILL NOT BE ACCEPTED.** (Attach additional sheets, if needed.)

COMMUNITY SERVICE WILL ONLY ADVANCE A PAYMENT PLAN TO THE NEXT DUE DATE IF ENOUGH HOURS ARE VERIFIED FOR THE PAYMENT CURRENTLY DUE. ANY ADDITIONAL HOURS TURNED IN WILL REDUCE THE FINE BALANCE BUT NOT ADVANCE FURTHER DUE DATES.

Please return form(s) by: **Mail or fax**
 Salina Municipal Court
 P.O. Box 1154
 Salina, KS 67402-1154
 785-826-7235 (fax)

Drop off*
 Salina Municipal Court
 255 N. 10th St.
 Salina, KS 67401

*An after hour's drop box is located in the main lobby of the Police Department.
 If you have any questions regarding community service hours, please contact:
Amanda Swolensky, Court Services Coordinator, by
 (phone)785-826-7230 ext. 307 or (email) amanda.swolensky@salina.org

FOR COURT USE ONLY
Date Verified:
Hours Approved:
Amount Applied:
Initials:
Apply to case(s):