

## 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.) You can print forms from our website; <http://www.salina-ks.gov> under the Municipal Court tab – then select Documents & Forms

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. 10<sup>th</sup> 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](mailto:amanda.swolensky@salina.org)

**FOR COURT USE ONLY**

Date Verified: \_\_\_\_\_  
 Hours Approved: \_\_\_\_\_  
 Apply to case(s): \_\_\_\_\_