



# OFFICE OF THE DISTRICT ATTORNEY

DELAWARE COUNTY COURTHOUSE

MEDIA, PENNSYLVANIA 19063

(610) 891-4161

JACK STOLLSTEIMER  
DISTRICT ATTORNEY

## COMMUNITY SERVICE APPLICATION/COMPLETION FORM

### SECTION 1 – To be completed by the ARD Participant or his/her attorney.

NAME: \_\_\_\_\_ DOCKET # \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE # \_\_\_\_\_

DEFENSE COUNSEL: \_\_\_\_\_

DEFENSE COUNSEL'S PHONE AND EMAIL: \_\_\_\_\_

DATE PLACED INTO ARD: \_\_\_\_\_ NUMBER OF HOURS TO BE COMPLETED: \_\_\_\_\_

### SECTION 2 – This information should be provided by a representative of the organization where the Community Service will be performed.

NAME OF ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NATURE OF SERVICE TO BE PERFORMED: \_\_\_\_\_

Community Service Organizations should be located within and/or serve Delaware County to the extent possible; please check with the ARD Unit or Adult Probation for a list of currently approved community service locations. \*\*You may propose a new community service location but it must be approved by the DA's Office in advance. If you have any questions or need assistance, please ask your attorney. The DA's Office will notify your attorney of approval or any problems with this application.

**RETURN THIS FORM (this page only) to DDA Gina Gorbey, Chief of ARD Unit, [gorbeyg@co.delaware.pa.us](mailto:gorbeyg@co.delaware.pa.us), or (fax) 610-891-4213 and wait for approval before starting your community service.**

(Do not write below this line) \_\_\_\_\_

Approved by District Attorney's Office: \_\_\_\_\_

DDA Gina Gorbey

Date

## COMMUNITY SERVICE APPLICATION/COMPLETION FORM, PAGE 2-TOTAL HOURS

Your Name: \_\_\_\_\_ Docket # \_\_\_\_\_

Community Service Organization: \_\_\_\_\_

### HOURS COMPLETED AND SUPERVISOR APPROVAL\*

Date	Hours	Supervisor's Signature	Date	Hours	Supervisor's Signature

\*Please use additional sheets if necessary.

I VERIFY THAT I HAVE COMPLETED \_\_\_\_\_ HOURS OF COMMUNITY SERVICE AS DESCRIBED IN THIS COMPLETION FORM.

\_\_\_\_\_  
Signature of ARD Participant

\_\_\_\_\_  
Date

### ORGANIZATION'S VERIFICATION (to be completed by your Community Service Supervisor)

THE ABOVE-NAMED INDIVIDUAL HAS COMPLETED \_\_\_\_\_ HOURS OF COMMUNITY SERVICE IN A SATISFACTORY MANNER.

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WHEN ALL COMMUNITY SERVICE HOURS ARE COMPLETED, THIS FORM IS TO BE RETURNED TO YOUR PROBATION OFFICER.** \_\_\_\_\_

(Do not write below this line)

\_\_\_\_\_  
Approved by District Attorney's Office:

\_\_\_\_\_  
DDA Gina Gorbey

\_\_\_\_\_  
Date