CHANNAHON POLICE DEPARTMENT

PEER JURY PROGRAM

COMMUNITY SERVICE CONFIRMATION FORM

As part of the Peer Jury hearing held on _____

_____ (referred teen) will be completing _____ hours of community service by _____. We require that you and the community service organization fill out this form and return it to your discharge hearing indicating completion of the community service requirement.

Service Organization: _____ Contact Name: _____

Address: _____ Phone Number: _____

City/State/Zip: _____

Date of Service	Hours Completed	Organization Signature

Total Hours		