



Downtown
525 N. Main, Ste 235
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