

**Buffalo County Juvenile Diversion & MIP Accountability**

PO BOX 67

KEARNEY, NE 68848

(308) 233-5229

FAX: (308) 233-3049

COMMUNITY SERVICE FORM

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Diversion Officer: Doug Kramer- Juvenile Diversion Administrator

Number of Community Service Hours Ordered: \_\_\_\_\_ Community Service Hours Due By: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Duties/Tasks Completed \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Supervisor's Name (Printed) \_\_\_\_\_

Organization: \_\_\_\_\_ Organization Phone Number: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS. THANK YOU FOR YOUR ASSISTANCE.