
COMMUNITY SERVICE REQUIREMENTS AND REPORT

Report your community service in writing to:

Clerk of Municipal Court
23 First St.
Milton, WI 53563

Unless the judge approves a different plan proposed by you, **YOU MUST PERFORM YOUR COMMUNITY SERVICE WITHIN THE TOWNS OF MILTON, HARMONY AND/OR LIMA, ROCK COUNTY, WISCONSIN.** It is your responsibility to:

1. Find a charitable or local government cause (or more than one) that needs volunteer help. Such work cannot be for payment in any part, an obligation you already committed to perform, for a family member or friend, or something for which you will receive credit in any other form (such as church service, other community service ordered by a court, treatment program, service organization, etc.).
2. *Notify the municipal court in writing of your proposed community service plan (by mail or townofmiltonmunicourt@charter.net).* The municipal judge must approve your plan, otherwise you may not receive credit for work performed. The judge will contact you quickly after you submit a plan.
3. Find and identify a person who will verify to the municipal court, under oath if necessary, that you have performed the work and hours reported by you.
4. Report your community service hours to the municipal court as ordered (you may use the attached form for this purpose).

If you fail to perform community service as ordered, you will be summoned to appear before the municipal judge. If you do not appear and show good cause for your failure to perform community service, the municipal court may: suspend your driver's license for up to one year or until service is fully performed (if your violation was a traffic offense or a juvenile offense; a reinstatement fee must be paid to the Division of Motor); and/or arrest or imprison you.

TOWN OF _____,
Plaintiff,

Citation No.(s) / Offense(s):

v.

_____,
Defendant.

COMMUNITY SERVICE REPORT

TO: Clerk of Municipal Court
23 First St., Milton, WI 53563

I performed _____ hours of community service at (name and location/address where you performed service): _____.

For my service I did the following (describe in detail and attach additional pages if necessary):

The person listed below, who has also signed this form, supervised my service.

Dated: _____ [signature]

_____ [print name]

_____ [address]

SUPERVISOR'S VERIFICATION OF COMMUNITY SERVICE

I supervised the community service performed by the defendant. S/he completed the hours of service and service described above. I will respond to the any questions from the Municipal Court regarding the service that the defendant performed.

Dated: _____ [signature]

_____ [print name]

_____ [phone]