



**COURT ORDERED COMMUNITY SERVICE FORM**

Please complete this form if you are court ordered to complete community service hours. The information you provide on this form is for us to determine if you are eligible to complete your community services hours with our organization. The form can be returned to Lee Anne Raleigh, our Volunteer & Community Engagement Manager, in one of three ways:

- Call Lee Anne at 920-458-3399 ext. 301 to schedule a time to drop off the form in person
- Scan or take a photo of the form and email it to Lee Anne at [lraleigh@habitatlakeside.com](mailto:lraleigh@habitatlakeside.com)
- Mail the form to Lee Anne's attention at: Lee Anne Raleigh, Habitat for Humanity Lakeside, PO Box 973, Sheboygan, WI 53082.

**YOUR CONTACT INFORMATION:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**INFORMATION ABOUT YOUR OFFENSE (PLEASE CHECK ONE):**

A traffic violation (not including drinking and driving)  
 Other (please provide a detailed description; use the back if more space is required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INITIAL EACH STATEMENT:**

I allow Habitat for Humanity Lakeside to complete a criminal background and sex offender registry check  
 I allow Habitat for Humanity Lakeside to disclosure information by any means (e.g. verbal, written) related to the completion of court ordered community service to the following probation officer or referring agency:

**WHO DO WE NEED TO REPORT YOUR COMMUNITY SERVICE HOURS TO?**

Contact Person & Job Title: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Number of community service hours needed: \_\_\_\_\_ Hours need to be completed by (date): \_\_\_\_\_

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (print full name), have been required by law to complete community service hours and do hereby acknowledge that everything I have included in this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date