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:

Date	**Hours**	**Date**	**Hours**	**Date**	**Hours**

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.