

**To: Diversion Coordinator
Neosho County Attorney's Office
PO BOX 370
102 S Lincoln
Chanute, KS 66720**

This is to confirm that _____ Completed _____
(name of Defendant)

hours of community service by _____ with/for
description of work or service performed

_____ of/in _____ on the following Dates:
Name of Person, Group or Organization City/State

_____ Date _____ Hours Completed
_____ Date _____ Hours Completed
_____ Date _____ Hours Completed
_____ Date _____ Hours Completed
_____ Total Hours Completed

Comments:

Signature of Officer/Official

Printed Name of Officer/Official

Mailing Address-Street P.O. Box

City/State/Zip Code

Telephone Number