



**Restorative Justice**  
Louisville

## Community Service Report Form

Youth's Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

☐ Private Non-Profit

☐ Government Agency

*Community service credit cannot be given for work done for profit-making organizations without prior approval.*

List the types of service performed and the number of hours for each.

Service Performed	Date(s)	Hours
<b>Total Hours:</b>		

I certify that the above-named youth completed the hours listed.

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed original form to:

Restorative Justice Louisville Inc.  
514 West Liberty Street, Suite 106  
Louisville, KY 40202-2324  
Fax: 502 574-5299