Oneida County Youth Court

_____has completed ____ hours of community service at _____ as follows:

	Time	Completed	
Date	**Hours**	**Minutes**	**Supervisor Signature**
EX – 5/23/05	4	30	XXXXXXXXXXXX

_____ _____ _____

Signature Title Date

When the community service hours have been fulfilled, please return this form to:

Kevin Crumb
Youth Court Director
800 Park Avenue
Utica, NY 13501

Or Fax to 798-6438 (Attn: Kevin Crumb) or e-mail kcrumb@ocgov.net

If you have any questions, please contact Kevin Crumb at 793-6095 (office) or 525-4140 (Cell)