

COMMUNITY SERVICE REFERRAL

York County Probation Department, 45 N. George St., 3rd Floor, York, PA 17401
(This form may be e-mailed as an attachment to MKYerger@york-county.org)

District Justice	District Justice Docket No.	Juvenile <input type="checkbox"/>
	OTN:	Adult <input type="checkbox"/>
Referral Date	Violation Date	Arresting Police Agency
Defendant's Name	D.O.B.	Officer:
	S.S.I. #	Address Telephone #
If Under 18, Parent/Guardian Name and Address (if different)		
Comments:		

I agree to participate in a community service referral as an alternative disposition of the charge against me. I understand I must cooperate with the York County Probation Department Coordinator in the completion of the required hours and understand I must pay an administrative fee of \$25.00 to the County of York.

If under 18,
Signature of Parent _____

_____ Date _____
 Defendant's Signature

FOR PROBATION DEPARTMENT USE ONLY

Date Rec'd.	Hours to be completed	Due Date
Agency Referred To		Address
<input type="checkbox"/> Defendant successfully completed assignment Date _____ <input type="checkbox"/> Defendant did not successfully complete program (violation memo attached).		
Comments:		
Signature of Coordinator _____		Date _____
Distribution: Forward original, green and canary copy to Probation Department. Pink copy to District Justice. Goldenrod copy to Defendant.		