

**IN RE: APPLICATION TO DISCHARGE FINE AND COSTS BY COMMUNITY SERVICE
COMMUNITY SERVICE VERIFICATION FORM - VIRGINIA BEACH CIRCUIT COURT**

Community service work is unpaid work done for a public or non-profit agency.

TO BE COMPLETED BY AGENCY

Name of applicant: _____

Name of Agency: _____

Address/Location of such agency: _____

Specific type of service performed: _____

Number of hours performed: _____

Date range of performing such hours: _____

This agency is a CHECK ONE: non-profit agency a public agency.

CHECK ONE: The applicant has not received OR has received compensation or remuneration for the above work.

To be the best of your knowledge was this work performed as a requirement or condition of a court order?

Yes performed as a requirement or condition of a court order.

No.

Unknown.

Printed name of supervisor at such agency: _____

Contact phone number of such supervisor/agency: _____

Date: _____

Signature of agency supervisor: _____

SEE PAGE 2 OF THIS APPLICATION TO BE COMPLETED BY APPLICANT.

TO BE COMPLETED BY APPLICANT

I am asking the Court to allow me to discharge unpaid fine and costs by performing community service.

Community Service Search
Volunteer Hampton Roads
www.volunteermatch.org

Phone
757-624-2400

Original of agency verification (PAGE 1) is attached.

Apply to Case No. : _____. If not specified, the court will apply to oldest unpaid account. I understand that if I have more than one delinquent account, The Court may only apply to discharge the fine and costs in one delinquent case at a time.

Did you perform this work as a requirement or condition of a court order?

CHECK ONE: Yes. Copy of order attached. No.

Address of applicant: _____

Contact number for applicant: _____

Signature of applicant: _____

FOR COURT/CLERK USE

This application is:

[] Not approved for following reason:

[] Agency or work not approved by Court.

[] Incomplete application. Original of this Court Community Service Verification Form not attached.

[] Other: _____

[] APPROVED. Amount credited: \$ _____

Account credited to: _____

Credits earned at the rate of \$10 for each hour of community service performed.

Date: _____, Deputy Clerk