

Monroe County Justice Programs

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 Sparta, WI 54656
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CSW Coordinator:

Eric Weihe

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Community Service Work (CSW) Reporting Form

The purpose of this form is to verify Community Service Work (CSW) performed for an approved Non-Profit Agency. By submitting this form to Monroe County Justice Programs (MCJP), you certify that the information contained is true and accurate. All information submitted will be carefully reviewed and verified with the Non-Profit Agency. Each sheet is to include hours performed for ONE Non-Profit Agency only. Please fill out all information completely and submit the document to MCJP either in person, by mail, fax or use the drop box at the entrance of the Justice Center. **Incomplete forms may not be accepted or processed.**

Client Information

Last Name		First		MI	
Date of Birth		Phone			

Non-Profit Agency Information

Agency Name					
Address		City, State			
Supervisor					
Phone		Email			

Log/Hours Worked

DATE	START TIME	END TIME	HOURS WORKED	TOTAL HOURS

TOTAL HOURS WORKED****Additional log on back of form if needed******Non-Profit Agency Supervisor/Representative Certification**

****I certify that I am authorized to represent the Non-Profit Agency listed above. I further certify that the hours indicated on this form are accurate and correct. I understand that the Monroe County Justice Programs Community Service Work Coordinator (or their designee) will be following up to verify these hours.****

Supervisor: Print Name			
Supervisor: Signature		Date:	

Additional Community Service Hours

If you are adding hours to this side of the form, please ensure that the Non-Profit Agency's Supervisor/Representative signs BOTH sides of the form.

Log/Hours Worked				
DATE	START TIME	END TIME	HOURS WORKED	TOTAL HOURS
TOTAL HOURS WORKED PAGE 2				
TOTAL HOURS WORKED FROM PAGE 1				
GRAND TOTAL				

Non-Profit Agency Supervisor/Representative Certification

*****I certify that I am authorized to represent the Non-Profit Agency listed on page 1 of this form. I further certify that the hours indicated on this form are accurate and correct. I understand that the Monroe County Justice Programs Community Service Work Coordinator (or their designee) will be following up to verify these hours.*****

Supervisor: Print Name			
Supervisor: Signature		Date:	