



**OFFICE OF THE STATE ATTORNEY, Larry Basford, 14TH JUDICIAL CIRCUIT OF FLORIDA
BAY COUNTY MISDEMEANOR DIVERSION PROGRAM COMMUNITY SERVICE FORM**

Defendant's Name: _____ D.O.B: _____ Case Number(s): _____ if known

Community Service Hours **MUST** be completed at a Non-Profit Organization in order to meet this requirement. To meet this requirement you must either complete 8 hours or 28 hours (28 hours will waive the Program fee), **NO** partials hours are accepted. Examples of a Non-Profit Organization are/but not limited to: Goodwill, Salvation Army, Habitat for Humanity, Churches, Schools, Fire Departments, and Animal Shelters.

If you are unsure if you are doing your hours correctly, please contact our office at 850-872-7681, or by email at divprogram@sa14.fl.gov.

Non-Profit Organization(s) (Full name No abbreviations)	Phone # (Include area code)	Organization(s) Address Street, City, State, Zip Code	Total Hours	Supervisor(s) Printed Name	Supervisor(s) Signature

I hereby certify that I have completed the community service hours listed above as required by the Bay County Misdemeanor Diversion Program.

Defendant's Signature: _____ **Date:** _____

All items on this form must be completely filled out and signed by the Organization and the Defendant, and submitted no later than 2-3 business days prior to the expiration of your contract. **Once signature(s) have been obtained, please remit this form to only ONE of the below:**

Email: divprogram@sa14.fl.gov

Fax: 850-872-4461

Mailing Address: State Attorney's Office, C/O Bay County Misdemeanor Diversion Program
PO Box 1040, Panama City, FL 32402

When your hours are received by our office, please allow processing time of 5-10 business days. Once posted to your case, you will receive an email.