District Court of the Third Circuit - ____ - THE JUDICIARY • STATE OF HAWAI'I

WORK VERIFICATION/EMERGENCY MEDICAL INFORMATION

(Form to be submitted to the Court at the defendant's POC hearing)

Name: ____________
Case Number: ____________
Court/Sentencing Judge: ________________________
Proof of Compliance Hearing:

AGENCY/ORGANIZATION TO COMPLETE:

Supervisor: ______________________________ Telephone: ______________________
Agency: ____
Address: ____
City: ________________________ State: Hawaii ________ Zip Code: __________________

DEFENDANT TO COMPLETE:

Start Date: __________ Total hours to be performed: ____ Deadline:
Defendant's Address: ______________________________ Telephone: __________________
Emergency Contact: ______________________________ Relationship: __________________
Home Telephone: ______________________________ Business Telephone: ______________
Medical Plan: ______________________________ Physician: __________________

WORK VERIFICATION TO BE COMPLETED BY AGENCY/ORGANIZATION

Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____
Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____
Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____
Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____
Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____
Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____ Date: _____ Hrs: _____
Task Performed: ____

I certify that the work verification is true and correct to the best of my knowledge, information and belief.

______________________ ______________________ ____________
Name of Agency/Organization Supervisor Signature Date

NOTICE TO DEFENDANT – It is your responsibility to ensure that the sentencing Court receives this Work Verification form at the time of your Proof of Compliance hearing.

NOTE TO AGENCIES - PLEASE KEEP A COPY OF THIS FORM SHOULD THE JUDICIARY NEED TO CONTACT YOU FOR VERIFICATION OF AUTHENTICITY.