

City of Fredericksburg

Founded 1671

Fredericksburg Circuit Court
Office of the Clerk
701 Princess Anne St. Suite 100
Fredericksburg, VA 22401
Phone: (540) 372-1066



Jeff Small
Clerk of Court

Kristen Perez
Chief Deputy Clerk

COMMUNITY SERVICE PACKET

*THE CLERK'S OFFICE IS UNABLE, BY LAW, TO ASSIST OR OFFER ADVICE IN
COMPLETING THIS APPLICATION*

READ AND COMPLETE THE FOLLOWING:

- 1) Proof of hours completed from facility
- 2) Complete Notice and Motion form
- 3) File both the Motion and Proof of hours in the Clerk's Office
- 4) Complete Oath in the presence of a Deputy Clerk in our office

***COMMUNITY SERVICE HOURS WILL NOT BE APPLIED TO RESTITUTION AND
COLLECTION FEES***

****AFTER SUCCESSFULLY FILING YOUR PACKET, PLEASE ALLOW 5 BUSINESS DAYS FOR
PROCESSING. IF YOUR FILE IS INCOMPLETE, IT CANNOT BE PROCESSED UNTIL IT IS
CORRECTED BY YOU.***

I UNDERSTAND WHAT IS REQUIRED TO PROCESS COMMUNITY SERVICE HOURS

SIGNATURE

DATE

VIRGINIA:

IN THE CIRCUIT COURT
FOR THE CITY OF FREDERICKSBURG

Plaintiff:

Case Number(s): _____

V.

Defendant

Notice and Motion

Please take notice on the _____ day of _____, 20__ move this Honorable Court to:

Respectfully Submitted,

Signed: _____

Name:

Address:

Phone Number:

VIRGINIA:

IN THE CIRCUIT COURT FOR THE CITY OF FREDERICKSBURG

COMMONWEALTH OF VIRGINIA

v.

Case Number(s) CR _____

SWORN STATEMENT AS TO CREDIT FOR COMMUNITY SERVICE HOURS

Under penalty of perjury, I the undersigned affiant swear or affirm that I have not applied for, requested, or received credit for community service hours from any other jurisdiction or court. I also certify that if granted by Fredericksburg Circuit Court, I will not seek such credit from any other jurisdiction or court.

I understand that if such credit is granted in multiple jurisdictions or courts, upon discovery, any credit previously provided may be rescinded.

I hereby affirm that this statement is true and complete. I understand that making a materially false statement or affirmation may result in criminal penalties.

The statements above are true and accurate to the best of my knowledge and belief.

Name of Affiant (Print Clearly)

Signature

Subscribed and sworn to before me this day.

Date

Deputy Clerk's Signature

OR

FOR NOTARY PUBLIC'S USE ONLY:

State of [] City [] County of
Acknowledged, subscribed and sworn to before me this day of, 20

NOTARY REGISTRATION NUMBER NOTARY PUBLIC

(My commission expires: _____)